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ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Physiology of the Nervous System.

By J. Cheston Morris, M.D.

No. 2.

You will remember that, in the last lecture,* we considered the general arrangement of the nervous system in the various classes of the animal kingdom, and also the division into motor and sensory nerves and their ganglia. More especially was your attention drawn to this in the vertebrata, to which we shall now confine our remarks.

When we reflect on the nervous phenomena presented by man, we find that they may be grouped under three heads:—Thought, External Relation, and Organic Action. Corresponding with this we have a tripartite division of the nervous system into, first, the cerebrum—second, the cerebrellum, sensorium commune, pons varolii, medulla oblongata, (partly,) medull aspinalis and nerves distributed to muscles and surfaces—third, the sympathetic and medulla oblongata, (partly.) We propose taking these up in the order in which they have been named; but we must premise a few words on nervous action in general.

The simplest mode, in which this is manifested, is when an irritation is made upon a sentient surface, and transmitted thence by an afferent nerve to a centre or ganglion, whence a motor influence is sent by an efferent filament to a muscle which thereupon contracts. Such action is called reflex, and may take place with or without our cognizance, but is always independent, to a great extent, of the will. As will be seen, in considering the functions of external relation, there is good reason to suppose that, in all cases, the impression is first made upon a peripheral ganglion or nerve-cell, so that in fact the afferent nerve is only a commissure between the peripheral and central ganglia. But, as this is not demonstrated in the case of the sense of touch, I have contented myself with the more general expression of sentient surfaces.

Now, this apparently simple mode of action furnishes us with the key to the whole modus operandi of the nervous system. All that we have to do is to imagine these central ganglia to be so connected by commissures with each other, that an irritation communicated to one of them will be transmitted to others, and thus these others brought into consecutive or associated action. For example, an irritant is applied to a finger; the irritation of the peripheral ganglion is transmitted to the posterior horn of gray matter in the spinal cord, thence to the anterior horn, whence a motor influence emanates to the muscles of the fore-arm and arm, causing their contraction and the withdrawal of the finger from the source of irritation. This is reflex action. But at the same time the news of the irritation is also transmitted from the posterior horn to the great ganglia at the base of the brain, and we become conscious of the irritation; the cerebral ganglia are brought into action and determine what is best to be done, when a volition follows, and the appropriate ganglia send an order through the anterior columns of white matter to the ganglia in the anterior horns of the spinal cord, to bring the required muscles into play. We thus see that the whole of these nervous phenomena are but repetitions and combinations of reflex actions, resembling the higher processes of algebra, which are only combinations and applications of the lower.

Let us now attempt to localize, as far as we

* See Vol. V., p. 217—Dec. 1, 1860.

can, the functions of the different portions of the nervous system. Two modes of ascertaining these are open to us: the experiments which we can institute upon animals and those which nature institutes for us in various diseases. Of these, the former yield us generally more satisfactory results, as we can determine better the conditions and extent of the experiment. The great difficulty in either case is to get facts undistorted by preconceived ideas. More especially is this true of pathological cases, as will be readily admitted by any one who has attempted to unravel the sequence and causation of the various phenomena presented by a complicated case. There are so many organs involved, and their structures and functions are so variously affected, that but few can find their way through the "cretan maze."

Dalton tells us that, if the cerebral hemispheres of a pigeon are removed, the bird remains in a dull, apathetic state, but still manifests sensibility and consciousness—e. g., by looking round when a pistol is fired off in the room—but without manifesting any alarm; hence we infer that it has lost the power of reasoning upon the phenomena reported by the senses; in other words, that thought is the function of the cerebral hemispheres. Of course, I would not be understood to assert that there is no immaterial element inseparably involved in the operations of our intellect; but with that we have at present nothing to do. Our object, at present, is to comprehend the mechanism by which the soul acts, not to unfold its own laws.

Pathological phenomena bear us out, in great measure, in assigning the function of thought to the cerebral hemispheres; and we must remember, also, that, if the mind depends for its correct action on correct information received from without, disease of any afferent structure must, *pro tanto*, affect the proper performance of cerebral function.

Then, as to the second great division, the function of which is to place us in relation with the external world, it is obvious that this subject will bear division into the means by which the external world impresses us, and those by which we act upon surrounding objects. The avenues to our consciousness are five: smell, sight, hearing, taste, and touch. Under this last head I would include what has been called "general sensibility," the inappropriateness of which term I trust soon to make evident. Each of these senses takes cognizance of some special property or state of matter, and of that alone. The apparatus of vision transmits only the impression of light, and, when irritated by any other stimulus, still produces the sensation of light, and that alone, so long as it is capable of performing its function. So the odoriferous properties of bodies address themselves exclusively to the olfactory nerves; sapid substances only to the gustatory; sonorous vibrations are appreciated only by the auditory; while such properties of matter as density, etc., are perceived by the tactile nerves. Associated with the impressions derived from each of these sources are two remarkable conditions of consciousness, pleasure, and pain. These are placed by nature as sentinels or guards, intended to direct us in the pursuit or avoidance of things useful or hurtful to us; and it would be well for us if we listened to their warnings more carefully and frequently than we do. Pain especially should never be disregarded; it is always a symptom of "a screw loose somewhere," and our efforts should be directed at once to the rectification of the error.

In our next lecture we will consider the mechanism of sensation and motion more in detail.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M.D.,
Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 40.

Cervical Region.—This region is situated between the head and the trunk, and, considering the important structures which it contains, has always been regarded as among the most interesting surgical regions of the human body. All operative measures attempted here must proceed on accurate anatomical knowledge; without such, the surgeon can only cover himself with defeat and guilt. A rapid enumeration of some of the most important constituents will serve to give force to the above observations.

It contains a vocal and respiratory apparatus; large arterial blood-vessels, passing up from the heart to supply the head and upper extremities, the smallest wound of any one of which would prove rapidly fatal; large venous trunks, de-

scending to the centre of the circulation ; nerves to the larynx, to the heart, lungs, etc. ; nerves to the diaphragm to impart motion ; nerves to the tongue for the same purpose, as well as that of sensation ; nerves to the face to confer expression ; nerves to the upper extremities : glands, some to pour saliva into the mouth, some as appendages to the lymphatic system, and others to play some imperfectly understood office in the fœtal economy, together with several important muscles. Add to this the fact that the apices of the pleural cones penetrate into the root of this region, and that all are crowded together into a compass so limited that one might almost span it with the hand, and we can have no difficulty in apprehending the magnitude of the task which the operator proposes to himself when the deep parts are to be entered.

It will be wise to consider briefly the remarkable variety in the conformation of this portion of the organism, principally as regards length and thickness. In some it is so short that the head appears to rest directly upon the shoulders. There are in such a corresponding shortening of the great vessels which pass up toward the cranium, bringing its contents, in a very marked degree, under the motor influence of the heart ; hence persons of such a make are said to be exposed to headaches and apoplectic attacks, and experience tends to confirm the observation. There are others in which the neck, although not much diminished in length, attains great circumferential bulk. This indicates animal rather than intellectual qualities, though the coexistence of the two are not always incompatible ; yet, if we seek for illustrations of the combination, I think it will be found in those whose intelligence partakes of boldness rather than accuracy. Others, again, are remarkable for very slender, delicate necks, and are apt to be victims of glandular enlargements of a scrofulous character. The last variety, which we shall specify, is that in which there is considerable length and moderate thickness. Such a conformation gives flexibility and grace to the part and to the movements of the head, and, when of fair complexion, amply justifies the figurative language of Solomon :—" Thy neck is as a tower of ivory." Constant reference is made to it in the sacred writings ; sometimes as expressive of sentiments of tenderness and affection, as " He fell upon his neck and kissed him ;" at others in allusion to its strength and use in lower animals, as, when employed to express obstinacy and willfulness, in passages like the following :—" A stiff-necked and rebellious people," " Hardened their necks," etc. ; or where onerous and unnecessary duties are imposed upon persons, as " Putting a yoke upon the neck of the disciples," etc.

The first two varieties mentioned, will necessarily render all operations somewhat embarrassing, while the last conduce much to both certainty and celerity, if it is proper to employ the term celerity in connection with this region. Its many vital constituents and the contracted dimensions of the neck have rendered it the favorite locality for suicidal attempts, by rope or steel, as well as the elected spot, for Justice to apply her penal inflictions, whether by American hemp, the Spanish garotte, or the French guillotine. The accessibility of the great blood-vessels here also determines the method of preparing animals for the shambles.

A great diversity of opinion exists in regard to exposing the neck. Fashion, among the masses, has always exerted a more controlling influence in determining this point than any considerations of health. Still, even among professional men, there is a difference of sentiment. There is no reason, which I can discover, why the neck should be less protected than the chest. Both the larynx and trachea possess an organization quite as high and sensitive, if not more so, as that of the lungs. The necessity for clothing this part is greater in the female than the male. The latter possesses in the beard the defence intended by nature to be worn, and the relief which many persons subject to sore throats have experienced by ceasing to shave, amply testifies to its value in this respect.

The neck is somewhat flat posteriorly, the lateral and anterior portions together convex. Notwithstanding the powerful muscles behind, the head has a marked tendency to fall forward in both the young and aged. The position of the old man, so frequently depicted with chin resting upon the hands clasped over the top of a staff, is therefore appropriate, because it is perfectly natural. The neck should be studied in a state of moderate extension. Such a position is the one best adapted for operations ; and, it should be remembered, any considerable alteration from this will materially modify all the relations of its constituents.

The first thing we propose is to carefully study the surface of this region. The most careless observer will not fail to notice the inequalities of

its surface. These are exceedingly nisigficant, and should be rigidly examined in connection with the relation sustained to the organs beneath. The whole region should be passed over with both the eyes and the fingers, for there are many things which cannot be seen, but may readily be detected by the sense of touch. These are all finger-boards by the wayside, directing to parts concealed from view; they form the index to the book whose leaves we are about to turn over. In females and children, the topographical features of the region are by no means so well pronounced as in adult males. The former generally possess a considerable amount of adipose substance, which gives rotundity to the parts.

The demarkation between the neck and trunk is well defined by the undulating line of the clavicles and top of the sternum. Between the two clavicles there is a depression nearly equal in extent to the width of the sternum, and which is caused by the angles of the upper piece of this bone, where they articulate with the former, rising higher than the intermediate portion. The articulation of the clavicle and sternum forms a prominent feature where the person is spare, and can always be felt even in the most obese, as a movable point, by placing a finger on the sternal end of the clavicle, and with the other hand acting upon the shoulder. This same clavicular line traced outward conducts to the summit of the shoulder, where the clavicle and acromion process of the scapula articulate, (*acromio-clavicular articulation.*)

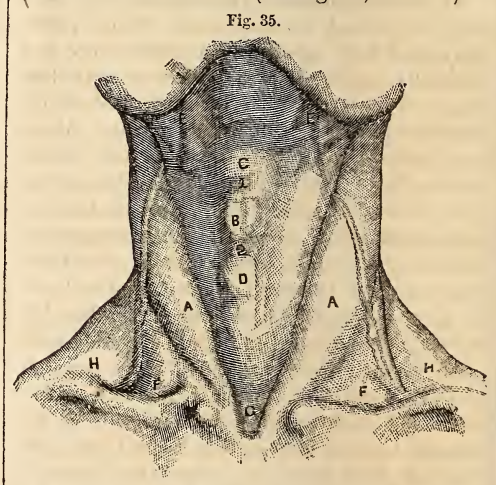
This well-defined boundary between the neck and thorax we may name the *cervico-thoracic line.* Its basis is the clavicle, which forms a prop of great functional importance between the shoulder and sternum, and is almost subcutaneous, having only interposed a few fibres of the platysma muscle of neck.

The import of these observations must be obvious. *First,* the exposed situation and connection of the clavicle with the upper extremity render this bone very liable to fracture. *Second,* the necessary approximation of the shoulder to the breast, when broken. *Third,* the importance of restoring the natural curves of the cervico-thoracic line in such accidents. Other points of referential value will appear after the dissection of the cervical contents, as the situation of the innominate artery beneath the sterno-clavicular junction on the right side. A little exterior to this junction, the commencement of the innominate veins, and near the middle the subclavian arteries. The separation of the face and neck is also well defined by the inferior border of the base angles and rami of the inferior maxillary bone, forming the (cervico-facial line.) This line is broken in its surface by a swell extending from the angle of the jaw some distance toward the chin, and formed by the masseter muscle. The anterior edge of this marks the situation of the facial artery, where it passes from the neck to the face. No such abrupt definition exists on the posterior surface of the neck, as it passes almost insensibly into the head and trunk.

We shall proceed to study the surface of the cervical region, in profile and front views.

In the first it forms a tolerably accurate square—its four sides consisting of the clavicle below, the base of the lower jaw above, the median line on the inside, and a ridge extending from the occipital bone toward the shoulder, formed by the inner edge of the trapesius muscle, on the outer side. (See fig. 35, letter h).*

Fig. 35.



a. Sterno-cleido mastoid ridge.
b. Thyroid prominence.
c. Hyoid prominence.
d. Cricoid prominence.
1. Thyro-hyoid space.
2. Crico-thyroid space.
e. Stylo maxillary ridge.
f. Supra-clavicular fossa.
h. Trapesius ridge.

This square is divided into two two triangular spaces by a diagonal ridge, (a,) formed by the sterno-cleido mastoid muscle, the direction of which is from the sterno-clavicular articulation to the mastoid part of the temporal bone. Usually this ridge will be seen to commence by two roots, having a depression between them. This reveals the double origin of the muscle. Along the anterior edge of this ridge, in the

* These illustrations are made by Mr. Siebold from nature, under the personal observation of Dr. Agnew.

same diagonal direction, course the carotid and internal jugular blood-vessels. Posterior to this muscular elevation, and just above the clavicle, is a deep fossa, (f,) the *supra clavicular fossa*, traversed by the subclavian artery, vein, and brachial plexus of nerves. Passing from the angle of the jaw toward the sterno-mastoid swell, a gentle prominence appears on the surface, (e,) and which may be felt by the fingers as a tense membrane. This is the stylo-maxillary ligament, separating two important regions, the carotid and sub-maxillary. From this line runs up a groove of some depth between the anterior edge of the sterno-mastoid swell, and the ramus of the jaw. It lodges part of the parotid gland, the carotid vessels, deep jugular vein, and several important nerves. Running from the angle of the jaw across the sterno-cleido mastoid ridge, and disappearing in the supra-clavicular fossa, is a cord-like elevation, the external jugular vein.

At the symphysis of the chin another swell may be noticed to commence, which passes downward and outward in a gentle curve, and gradually fading away at the stylo-maxillary ridge. This is the *digastric line*, formed by the anterior belly of the digastric muscle. Above this, between it and the jaw, is a little recess, (*submaxillary*,) which lodges the submaxillary gland and facial artery. Along the median line of the neck, which forms the inner boundary of the cervical square, project three elevations. The first (c) is the *hyoid*, formed by the hyoid bone; the second (b) is the *thyroid*, produced by the thyroid cartilage; the third (d) is the *cricoid*, made by the cricoid cartilage. If the finger be placed on the first, or hyoid, and carried outward and slightly upward, there will be discovered beneath the surface a hard body running off from it like an arm—the cornua or horn of the bone. Along its upper side, run two very important things—the *lingual* artery and *nerve*.

In the subjoined cut, (fig. 36,) there is presented a front view of the cervical region in a state of moderate extension. The letters correspond to the same points as in fig. 35.

In this view are seen the two origins of the sterno-mastoid muscles, with the interval existing between their divergence as they ascend to their mastoid attachments, enclosing a triangular space, the base of which is formed at the lower jaw, and the apex at the top of the sternum. Through the centre of this, as a perpendicular, and occupying the median line of the neck, run the larynx and trachea, the first projecting in bold relief, the last retiring from

Fig. 36.

the surface. Placed above and behind the larynx is the pharnyx, and behind the trachea is the æsophagus. The whole apparatus may be seen to rise and fall in the act of deglutition.

The first prominence below the chin (c) is the *hyoid;* the second and largest (b) is the thyroid. Between the two is a depression, (1,) *thyro-hyoid*, which, if penetrated sufficiently deep, opens into the pharynx. Below the thyroid is a third projection, (d,) the *cricoid*, between which and the thyroid is another depression, (2,) *crico-thyroid*, which cut through enters the larynx. It is in this space laryngotomy is performed. Below the cricoid (d) the surface recedes until it ends in a deep fossa, just above the sternum, between the heads of the two sterno-mastoid muscles, the *supra-sternal fossa*. The entire extent between the cricoid and top of the sternum may be called the *sterno-cricoid* space, and is traversed by the trachea, the rings of which may be felt through the superincumbent strata of tissues. It is in this situation that the operation of *tracheotomy* is performed.

———o———

Liability for Medicines Furnished.—A law has lately been passed in Hesse-Darmstadt, the purpose of which many of our readers will undoubtedly endorse. It makes it obligatory on any apothecary to furnish to any person, belonging to that state, all medicines prescribed by a medical practitioner, even if he received no immediate payment for them. Should the account remain unpaid, the apothecary at the end of the year has a right of demanding payment from the town to which the debtor belongs, and any legal costs must be paid by the said township. This might amount to quite a respectable sum for some towns.—*Drug. Cir.*

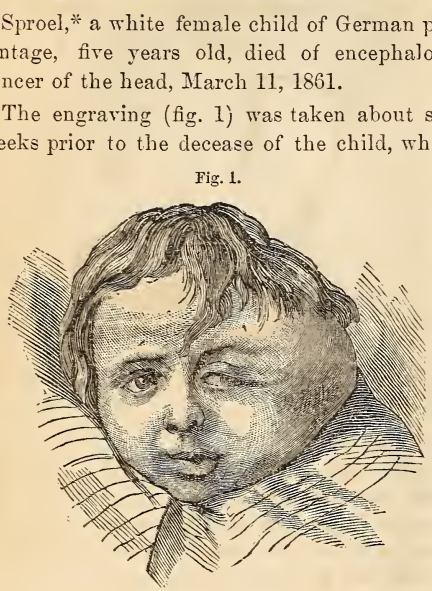
Case of Encephaloid Cancer of the Head—Death—Autopsy.

By Joseph Pancoast, M.D.,
Professor of Anatomy in the Jefferson Medical College.

Sproel,* a white female child of German parentage, five years old, died of encephaloid cancer of the head, March 11, 1861.

The engraving (fig. 1) was taken about six weeks prior to the decease of the child, when

Fig. 1.



it first came under the notice of Dr. Pancoast. The case strikingly exemplifies the rapid and destructive character of this peculiar form of children's cancer, which is seen so often involving the periosteum, and especially that in the region of the orbit. The child was first brought under the notice of a physician about seven months prior to its death. The tumor was then, by his report, about the size of a walnut, seated on the periosteum an inch behind the external angular process of the left orbit. The mother had observed, four or five months previously, a small lump in this region, which she thought was occasioned by a contusion from a fall on the side of the head some months before. The child retained a gross appetite and remained fat and well nourished to the last. It was disposed to sleep a great deal; was extremely fretful, with a tremulous agitation of all its limbs, somewhat like the paralysis agitans of old people. But in the arm and leg, of the side opposite to the tumor, the tremulousness was greatest, and the muscular weakness most marked. The child was, however, able to stand and even walk a little till within two days of its death. It had latterly lost the sight of the left eye; it had at no time convulsions, and death seemed gradually brought on as the end of a comatose sleep.

Autopsy made by Dr. G. L. Pancoast, Dr. Nottman, and Mr. Brainard.

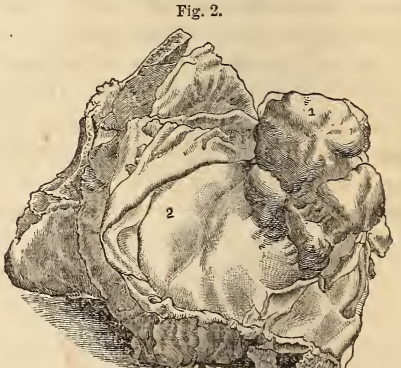
Skin unbroken over the tumor, and no apparent tendency to ulceration; but near the ear the tumor was soft to pressure.

On opening the head, there was noticed no inflammation of the membranes of the brain or of the brain itself. The blood-vessels were, however, much congested. There was about four ounces of water in the ventricles, which may have been the immediate cause of death.

The dura mater on its inner surface was free and smooth, except at a point a little above and in front of the petrous portion of the temporal bone, where it had yielded and allowed an irregular lobular mass of the tumor, the size of a hen's egg, to project in upon the brain, close up to and almost in contact with the corpus striatum of that side. The pia mater was pressed before the tumor, so as to line the cavity in which it was lodged like the walls of cyst. This tumor, with its intercerebral projection, is seen in fig. 2.

The external pericranium, which seemed to have been the origin of the disease, the tempo-

Fig. 2.



ral muscle, and a part of the squamous, frontal, and parietal bones, were lost by a sort of metamorphosis in the tumor. The bone seemed rarified and expanded, so as to be recognizable only as thin plates and spiculæ scattered throughout the mass. The tumor had made its way through the bones, and was firmly adherent by a broad surface to the outer part of the dura mater, piercing it, however, only at

* For this dissection and report we are indebted to Dr. G. L Pancoast.—Eds.

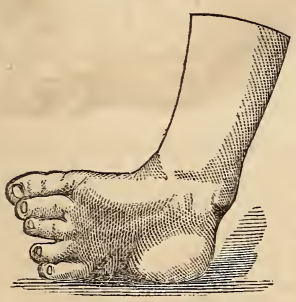
one point, as above mentioned (2 fig. 2.) The portion of the tumor inside the cranium, between the bones and dura mater, to each of which it was firmly attached, occupied the position of the middle and anterior lobes of the brain, which were pushed to the opposite side. The disease had extended also to the periosteum of the orbit, and formed a considerable tumor at the upper and back part of the orbit, which caused the eyeball to protrude slightly, had destroyed the sight of that eye, and produced ptosis.

Talipes Varus Duplex Congenitus, of the Third Degree, with a Case.

By Jno. B. Brown, M.D.,
Of Boston, Mass.
Late Surgeon and afterward Consulting Surgeon of the Massachusetts General Hospital, etc.

The case of malformation, which I take the liberty to forward for insertion in your valuable and scientific journal, is that of a lad, five years of age, from the region of the White Mountains, (N. H.) His father, a farmer, lives at the foot of Mount Washington, and is blessed with twelve living children, all healthy and symmetrical but this lad, and he was born perfect, except his feet; these were extremely deformed. Seldom are feet more so. His father was never able to procure shoes which he could wear, and he never had one on. He walked on the cuboid and external cuneiform bones, where large bursal cushions had formed, which, when much walked on, became inflamed and painful. The soles of both feet looked backward and obliquely outward, forming acute angles with the lower legs, the tibialis anticus being much short-

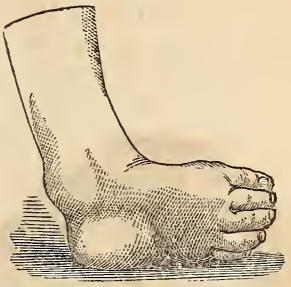
Fig. 1.



ened, and the tibia and fibula at the same time twisted inward.

This lad came under treatment October 24th, 1860. Ether was inhaled, which operated very happily, and he was soon under its influence. The following tendons were then divided with an extremely small tenotome, viz: tendo-Achillis, tibialis anticus, and posticus; abductor pol-

Fig. 2.



licis pedis, flexor longus digitorum pedis, profundus perforans, and the plantar fascia.

Buckminster Brown, M.D., assisted.

The treatment was then, as usual, mechanical, with daily manipulations. My apparatus was applied immediately, which is my usual practice, as I think the foot is easier for being supported and kept free from motion.

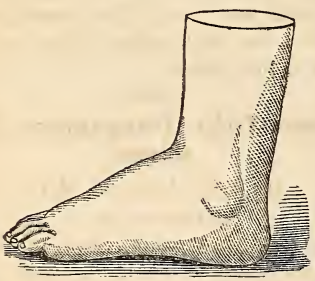
This apparatus consists of a foot-board, with a ratchet in its centre and an upright of steel, which in this case (being talipes-varus) was applied on the outside of the leg, with a spring-pad resting against the external malleolus. In talipes valgus, the upright is applied on the inside of the leg, with the spring-pad resting against the internal malleolus; i. e., the apparatus which was made for the right foot is applied to the left, and vice versa.

This apparatus has three ratchets; one I have mentioned in the center of the foot-board. This is to turn the foot out. The other two are on the steel-upright; one of them turns the ankle *in* and the other brings down the heel and brings up the foot; that is to say, it gives motion to the ankle-joint by producing flexion and extension.

The ratchets are turned with a key, and the instrument operates equally well for every variety of club-foot, only the movements are reversed. This apparatus was changed several times during the treatment of this lad, which is my custom, as it gives relief to the foot. When an apparatus becomes uncomfortable, or I perceive any redness, I change it for one that bears differently, but has the same effect in improving the foot.

In about twelve weeks, his feet being quite perfect, I put on boots with a slight side spring and pad to steady the ankle. In the course of forty-eight hours, he walked with great ease to himself and quite naturally, turning his feet out as much as desirable and having free use of the ankle-joint. There has been no second operation—no tendon has been divided a second time in this case. He has worn his boots now about two months every day. The feet have shown no tendency to relapse or incline inward. When he walks he turns his feet out as much as is graceful, and no one would suspect he was ever lame. I usually recommend to my patients, after I consider them as cured, to wear a night boot, which is made for the purpose, and is not very unlike Scarpa's shoe. These they wear every night, and their common boots during the day, for six or eight weeks.

Fig. 3.



These feet were what Prof. Mütter would have denominated of the third or worst degree, and, although the result is what my experience

Fig. 4.

has taught me to expect in similar cases, yet, from the remarkable degree of deformity at first exhibited, it is probable the history of the case may possess interest for your readers.

Explanation of Cuts.—Figs. 1 and 2 represent the feet before treatment; figs. 3 and 4 represent the feet after treatment.

Application of Adhesive Strips to Fracture of the Clavicle and to Accidental Division of the Tendo-Achillis.

By H. Culbertson, M.D.,

Of Zanesville, Ohio.

In July, 1858, we called to see Mrs. Jane B., aged fifty-three, whose drunken husband had knocked her down, causing her to strike the shoulder of the affected side, and producing an oblique fracture of the middle of the clavicle. I dressed it with the pad, ring, roller, and sling, but as this dressing gave her much pain, it occurred to me that it might be dressed with adhesive plaster, which, after considerable experimenting, was done, as follows:

A broad strip of plaster was cut ten inches wide, and long enough to reach from within two inches of the posterior border of the scapula, around under the arm to the nipple. This strip was then cut into three tails to within three inches of the end. The uncut end was then narrowed to about four inches in width, warmed, and folded down over a piece of stiff whalebone, which was secured by stiching. To each end of the whalebone and to the middle, strong cords were tied securely. The plaster was then warmed and applied to the *sound side*, upon the scapula, one tail passing over the shoulder and clavicle in front down the same side of the chest; the other two passing under the arm and obliquely down the side of the chest. This is the counter-extending band. Three strips of plaster, each three inches wide, and as long as the other band, were then cut; one end of each was folded down upon a cord and secured by stiching. These were the extending-bands, and were placed upon the injured side, thus: One over the middle of the clavicle extending down in front outside the nipple to the side of the chest, the cord end passing back over the superior angle of the scapula, but reaching no further than the posterior border of the scapula. The second was applied, commencing behind, from the middle of the scapula, in an oblique direction, upward, outward, and forward to the point of the acromion process, then the anterior portion of this strip was split longitudinally, and the long ends applied upon the anterior face of the arm nearly to the elbow. The other strip was applied upon the middle of the scapula, and passed obliquely downward and outward under the axilla, and extended down the side of the chest a few inches. The first cord was

then tied to the lower cord of the opposite side, the second to the middle one, and the lower to the upper of the opposite side.

By this plan the shoulders were made to approach each other behind, and one indication of cure fulfilled, by keeping the shoulder of the injured side back. The other requirements were met by the pad, the roller, and the sling.

Fig. 1.

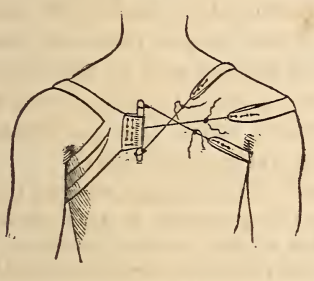
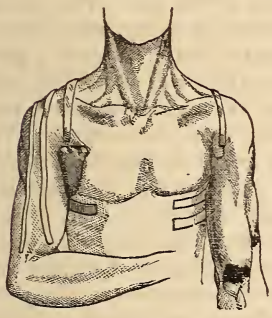


Fig. 2.



Of this dressing the patient did not complain, and by it she recovered with a firm union, and less irregularity than is generally observed in this fracture. Since that date we have thus treated two other of these fractures, one transverse, the other oblique, with equal success.

If the plasters slip, which will be the case in warm weather, the strips are taken up behind every day, if necessary. The strips on the affected side should be taken off once a week, and the surface well bathed with a strong solution of tannic acid. The cords should be prevented from pressing upon the back by proper padding. If I cannot see the patient daily, some member of the family is directed to tie the cords tighter as they become loosened.

The advantages of this plan, we think, are:

1. The dressing is less irksome to the patient, and it does not excoriate the parts in front of and behind the axilla.

2. The shoulder is brought directly backward by the middle plaster, whereas, by the usual dressing, much of the force is lost by the power being applied nearer the middle of the clavicle, and consequently not at the distal end of the lever.

3. The clavicle is held down at the seat of fracture by the upper bend.

Application to Division of Tendo-Achillis.—The external wound being dressed, a broad strip of plaster is applied to the whole sole of the foot, and several narrow bands passed transversely around the foot to assist in securing the plaster to the plantar surface. Above the heel the plaster is folded upon itself, inclosing a strong cord, which passes up behind the leg to the knee through a broad band of plaster, which encircles the thigh just above the knee. The leg is then bandaged, flexed to a right angle, the foot straightened upon the leg, and the cord drawn tight and tied. This dressing we have used once, but with entire success and great comfort to the patient.

Coloboma Iridis Traumaticum—Iridoschisma.

By R. H. Johnson, M.D.,
Of Cincinnati, Ohio.

Congenital fissure of the iris is a form of coloboma frequently observed, in which it is held that there is a loss of the congenital substance of the iris. Treating of this variety, Desmarres, Vol. II., Art. 3, p. 459: Coloboma, (Iridoschisma, division congénital de l' iris,) observes, that M. Walthen, of Munich, has given this name to a viscous conformation of the iris already observed by Albinus, and is quite similar in its origin and form to the hare lip, (bec-de-lièvre.) In that disease the iris is lacking ordinarily, toward its inferior part, and seems to have been excised vertically in that part. However, M. Ammon, who has most frequently seen the vertical coloboma downward, has observed a few cases more or less oblique inward and outward, and others horizontally placed in one or the other of the two last directions. The coloboma of the iris, of which I cannot make out the origin, is rather obscure. Researches by Ammon, Seiler, Arnold, Heifilder, Wagner, Gescheidt, seem to show that it is a loss of the congenital substance, of form nearly triangular, the base of which is toward the pupil, with which it is connected, and the summit loses itself in the ciliary muscle.

The following case of traumatic fissure of the iris is remarkable for its similarity of conformation with the congenital form, as described by Desmarres from Ammon, who has frequently seen the coloboma downward.

A little daughter of Mr. T. Noel, of Memphis, Tennessee, had plunged the sharp-pointed blade of a pair of scissors into the globe of the left eye, the instrument having a left vertical entrance through the cornea and iris, within a line of the sclerotic margin. I first saw the eye September 8th, 1856, three weeks after the injury. The inner margin or pupillary edge of the iris was mysteriously caught by the point of the scissors-blade and drawn into the wound, from which it did not become released on removing the blade. The result was coloboma iridis, having an outward and downward obliquity from base to summit; in angularity about thirty degrees, the base in the pupil and the inverted summit at the point of entrance of the instrument. The fissure was clearly defined, narrowing by regular gradation to a fine point near the ciliary circumference of the iris, and of the corneal circumference of the sclerotic, terminating in a cul-de-sac of cornea, the size of a large pin head; lucid, and so delicate, it could not have been formed of more than one lamina of that membrane, the aqueous humor pressing it outward, forming an obstruction to the free closure of the lids, and appearing as if the slightest touch would burst it and discharge the contents of the globe.

But little vascular excitement had followed the injury, as I learned from the father, and there was no loss or diminution of vision, but he had brought her to me on account of obstruction to the free motion of the lids. From the length of time elapsed since the injury, there was no hope of freeing the strangulated pupillary edge of the iris; this should have been done within the first hour or two after the injury. All that could be done, now, was to remove the cul-de-sac. This was accomplished by a compress of chamois skin upon the closed lids, and a bandage around the head, with gentle pressure. The sac was completely reduced in a week, and in a fortnight no trace of it could be discovered.

In the congenital form the loss of substance of the iris is the fault of nature—so to speak. In the traumatic case before us the loss of substance of the iris was by its pupillary edge being carried into the wound, whence it could not be dislodged. But how are we to account for the pupillary edge of the iris being involved in the wound and strangulated? Was the iris instantaneously dilated by the shock the moment the blade penetrated the cornea, and to so great extent as to form, for an instant, a zone, sufficiently narrow for the point of the instrument to engage the pupillary rim and carry it into the wound?

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SURGICAL DEPARTMENT.

Service of Dr. Hewson.

March 6.

MILK LEG OR PHLEGMASIA ALBA DOLENS, FOLLOWING FRACTURE.

Timothy Ferlan, fifty-one years of age, seven weeks previous, had broken his leg at the ankle. There was a good deal of swelling, some contusion, though not a great deal. Nothing untoward occurred during the treatment, and the case progressed very satisfactorily; on the 20th ult. it was proposed to allow him to get up, but it was then found that his leg was beginning to swell. The swelling began at the thigh, just below the groin; it was preceded by a rigor. Since then he had pain, the pain being in the inside of the thigh and at the knee. The limb is very much enlarged, but not so much as when Dr. Hewson first saw it, having yielded somewhat to treatment. It was pale, as the patient's whole surface was—his pulse was frequent.

Phlegmasia alba dolens, called *milk-leg* by Puzos, occurs often in nursing females. Puzos considered it a result of the metastasis of the milk to the leg, for when the leg in these cases would be punctured, there would exude a milky fluid, or yellowish serum, which would coagulate. It is different in this from the effusion of an ordinary œdema or Bright's disease, or anasarca.

The limb is very hard, has a peculiar elastic feeling, and the skin is smooth and glistening. In this case the limb is redder than it was before, in consequence of the frictions which have been applied. It was white, swollen, tense, and painful.

There is often an increased sensitiveness in these cases, and loss of power, partial paralysis and diminution of sensibility; this you do not have in the swelling of Bright's disease—they are present here.

Dr. Davis noticed in post mortem that there was in milk leg a crural phlebitis—inflammation of the crural veins. This gave rise to a

notion that milk leg is due to crural phlebitis, but it has been shown that it may and does occur without any crural phlebitis, and therefore this attendant accident is a coincidence, and not an essential part of the disease.

Dr. Mackenzie, of Edinburgh, has tried to prove that crural phlebitis could not produce the accident of this disease by actual experiments upon the crural veins of some of the lower animals, which he irritated on their internal surface with nitrate of silver in solution. Phlebitis followed after closing the wound, and some œdema of the leg, but not the peculiar elastic œdema, nor did it show itself in the thigh first. Then he undertook to investigate the matter still further, and he injected lactic acid into the veins of the animal, and closing the wound, phlebitis followed, accompanied with the elastic œdema of the thigh and leg; in other words, he succeeded in producing true *phlegmasia alba dolens*.

He has therefore inferred, from these experiments, that the presence of lactic acid in the blood, or of a blood poison, is the true cause of this disease.

Now, *lactic acid*, *creatine*, and *creatinine* are chemical ingredients of flesh, and in being eliminated by the kidneys undergo various transformations, being finally converted into *urea* and *uric acid:* so that where there is much destructive process going on in the flesh of the body, as after pregnancy, in the reduction of the hypertrophied uterus and absorption into the system of a large quantity of broken-down muscular tissue, you will find lactic acid, creatine, and creatinine, invariably in the blood.

Now here is precisely the same condition in the patient before you, though from a different cause.

The man has received an injury, and there is following it in the process of cure absorption of a large quantity of broken-down tissue, which is thrown into the blood in too great quantity for the kidneys to eliminate, and, as a necessary consequence, you have the blood poisoned by these ingredients, for if the kidneys are not capable of throwing these poisonous ingredients from the venous blood out of the system, it becomes poisoned, and there is this phlegmasia alba dolens developed as a consequence.

Mackenzie found that when he threw lactic acid into the crural vein high up, he had crural phlebitis, but he proved that there must take place coagulation of the blood in the venous radicals, and not simply inflammation of the large vein, and that these poisonous ingredients in the blood favor this thrombosis, and occasion a strong disposition to coagulation of the venous blood, and that in this disease the radicals of the veins will be found filled with coagulated blood.

The patient has the left leg affected, and singularly enough this occurs in nine cases out of ten in the milk-leg of women. In this case, there was, however, a specific cause for the occurrence.

Why does it occur most frequently in the left leg? Probably because there is less activity in its circulation than there is in the circulation of the blood through the right limb.

Simpson's view is probably the correct one; that the effusion into the tissue is of corpuscular and fibrinous lymph.

The thigh does not pit on pressure, but at the ankle where the fracture was there is the ordinary effusion of serum which follows fracture, and of course there is pitting on pressure. The contrast between the two is therefore well marked.

In phlegmasia alba dolens, true milk-leg in the female, you will find also large excess of urates in the urine, and their blood has been found to contain a large excess of fibrine, which forms the buffy coat when such patients are bled.

So there will be a large excess of fibrin in this man's blood; then you are to recollect that the uric acid present in the urine is formed by transformation of creatine and creatinine in the vessels; by the action of alkalies the creatine is converted directly into urea and lactate of ammonia, and these may be eliminated through the kidneys in the form of uric acid; by the addition of carbonic acid and ammonia and oxygen, you have the creatinine, forming also uric acid, which excess of uric acid and urates show that there has been a large excess of creatine also thrown into the blood, and creatinine which has poisoned the blood.

Treatment.—If there is a mere crural phlebitis, it may be treated antiphlogistically, but such not being the case, the crural phlebitis being, as before remarked, merely concomitant, and not the essential part of the disease, the case requires a different plan of treatment.

There exists a blood poison which has given rise to the phlebitis; there is a material in the blood which favors its coagulation.

In patients who are recovering from fractures and other severe injuries, there is a large quantity of urea and salts of uric acid in the urine, and this man's urine is peculiar from a deposit of the salts of uric acid in it. There has been no minute examination, but it will be found to have a high specific gravity, for, as can be seen, it is loaded with uric acid and urate of ammonia.

A subsequent examination proved the existence of a large excess of urea in this case.

First of all the patient is purged with a mercurial, (Plummer's pill,) containing antimony and calomel as chief ingredients, which have the effect of acting not only on the alimentary canal, but also on the skin, in this manner eliminating some of the poison from the blood. Then a blister was applied over the crural vein which was affected, and then the limb was anointed with mercurial ointment.

We shall continue the treatment, and try

still more effectually to eliminate the poisons from the blood. There is a deficiency here of red corpuscles; to increase them we use iron, and in the form of the muriated tincture which has also a depurating influence through the kidneys, on the blood.

To diminish the amount of fibrin in the blood, we will employ aconite, which has also another influence, as well as that of eliminating fibrine from the blood. It diminishes the activity of the circulation.

We shall therefore give fifteen drops of the muriated tincture of iron, three times a day, and also four or five drops of the tincture of the root of aconite three times daily, continuing at the same time the mercurial inunction.

Under this treatment the patient improved rapidly, the mercurial ointment was omitted at the end of the third day of its use, also the aconite and the iron was then continued alone, until the man was discharged entirely cured at the end of thirteen days from the first appearance of the disease.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Pancoast.

February 27, 1861.

DISEASE OF THE LACHRYMAL APPARATUS.

There is a disease of the lachrymal sac, mainly of the nasal duct, which we call *fistula lachrymalis*, which name is one of the "opprobria chirurgicalorum."

We can manage this disease very well by the insertion of an ivory tube, of which the bony or earthy substance has been taken away by maceration in dilute muriatic acid.

But this treatment is not available in young children like the present patient; for in children, where the lachrymal sac is involved, the disease is generally dependent on some disease of the eyelids, as of the Meibomian glands, or it is a scrofulous affection, in which the morbid matter secreted from the Meibomian glands becomes mixed with the tears, and is carried down the lachrymal sac into the nasal duct, which inflames and swells out, and produces a stricture in it.

In these cases the treatment is to apply some ointment, as zinc ointment, calomel ointment, or Turner's cerate, so as to cure the condition of the eye, which produces the trouble. A good ointment can be made by taking of red precipitate, about *two grains;* of unsalted butter, *two drachms;* of the strong extract of lead, *one drachm;* and of wine of opium, *one drachm.* Apply this ointment along the lid, and put some of it between the lower lid and the eyeball, and use a dilute caustic wash, and where there is an abscess puncture it, and allow the fluid to escape.

It is never necessary, in children, to introduce a tube or stylet.

TWO CASES OF CLUB FOOT—DIVISION OF THE SOLEUS MUSCLE IN ONE CASE; OF THE SOLEUS AND ANTERIOR TIBIAL TENDON IN THE OTHER.

The first case was one of club foot in the third degree: the foot turning inward, and the heel being drawn up—*talipes varus.* An attempt to straighten the foot showed that the gastrocnemius muscle was not made tense, therefore there was no necessity of cutting the common tendon. The *soleus* was divided subcutaneously, care being taken to avoid the posterior tibial artery, and the foot came straight.

The foot was subsequently placed in appropriate apparatus to maintain a normal position, and everything went on favorably.

The second case was in an infant not quite two months old.

Dr. Pancoast said that this was the worst case of club-foot that he had ever seen.

The long axes of the foot were parallel with the bones of the leg, so that, had the child walked, it would have been on the end of the tibia, with the whole ankle and the heel turned up. According to old methods of practice, this case would not have been susceptible of cure.

On attempting to straighten the leg, the gastrocnemius was found not to be implicated, being very flaccid, while the soleus was hard like a board; still the feet were so much out of place that it was impossible to straighten them, rendering the case one of those rare and exceptional ones in which it is necessary to divide the *anterior tibial tendon,* for which purpose a very delicate knife was passed under the skin, at a little distance from the position of the tendon, which was then pressed upon the blade, when it gave way, and the foot came round comparatively straight. The same course was pursued with the opposite limb. It was also found necessary to divide the soleus.

In addition to all this, there was a contraction of the plantar fascia, though no operation was performed for its cure, at that time.

The joints were perfectly dislocated in consequence of the great amount of contortion.

After the operation, adhesive straps were placed partly around the limb, so as not to produce strangulation by interfering with the circulation.

After the operation on each limb, the feet assumed their normal position, as far as the tarsal bones, which had been dislocated, would allow.

A bandage was applied to prevent swelling, bleeding, and excoriation. It should not be drawn too tightly about the ankle, for when the foot is in the extended position, the ankle has not so wide a girth as it has when the foot

is at right angles with the leg. It is, therefore, best, when we put a tight bandage around the leg, to put the foot in the flexed position, for if otherwise, and the bandage is applied tightly, when the patient walks there is a forcible flexion which, in the adult ankle, is increased three-fourths of an inch in its girth, and the bandage, of course, becomes that much tighter.

CLINICAL REMARKS ON HYDROCELE.

Hydrocele is a dropsy of the scrotum, an accumulation of water in the tunica vaginalis. This accumulation is dependent upon the destruction of the natural balance between the secretory and the absorbent powers of the serous membrane.

I believe that the serous membrane is nothing but the fusion of the common connecting cellular tissue; there is always some fluid in cellular tissue, and the cells of the tissue communicate with one another; when this cellular tissue is on the outside, secreting more fluid than it should, I believe that it leaks out through the flattened cells. If you take a sponge and press it down, the cells flatten, and you get a smooth surface, which represents the condition which the serous membrane seems to hold with regard to the flattened cells of the cellular tissue.

If the tendons of the peronei muscles, which have their bursæ mucosæ behind the external malleolus be turned away on the front part, they make new grooves lined by serous membrane, in which they play.

If, in an inflammation of a serous membrane, the two sides stick together, they change, as it were, into cellular tissue, so that you can perceive nothing of their original appearance. There is no doubt that the cause of dropsy in the scrotum is like that which produces general œdema or anasarca in the cells of the cellular tissue.

In the cure of this disease, after drawing off the fluid, I inject something to excite the adhesive inflammation I have spoken of. I generally keep the fluid I inject a long time in the sac, and if I find there is a tediousness in the cure, I employ acupuncturation.

I find by experience, that if I want to cure hydrocele, I must throw in my fluid and keep it until it passes through this membrane into the surrounding cellular tissue, and shut off the cells around the tunica vaginalis testis, which are disposed still to throw water into the cavity. I employ the fluid recommended by Martin and Velpeau, that is, *tincture of iodine*, and not Lugol's solution, which some employ because it makes a clear fluid, being a mixture of iodine and iodide of potassium, which does not always cure. But if I inject into the cavity of the scrotum the simple tincture, some of the iodine itself becomes precipitated, and the particles coming in contact with the serous membrane, produces its peculiar effects, and keeps up the irritation longer, while it cannot cause much local irritation, because it is soon absorbed and taken away.

I vary the strength of the fluid according to the age of the patient and the age of the hydrocele.

In the hydrocele of children it is rarely necessary to inject at all. In a young man I employ one part of the tincture of iodine to two of water, and in older men I make it half and half.

The question arises, "How long shall this tincture of iodine be retained in the cavity of the scrotum?" Some surgeons say until it produces pain; but sometimes the first shock of its entrance produces pain, so that this rule will not do; better wait awhile until the pain of the first shock subsides; it is simply the shock produced by the fluid coming in contact with the serous membrane, which was never before touched by any such foreign material. I would advise you to keep it in until there is decided pain, and in the majority of cases you will find the patients, when asked the seat of pain, to trace the course of the genito-crural nerve. When this is the case, you may suppose that the impression has been made strong enough to result in a radical cure, and the fluid may be withdrawn.

The genito-crural nerve sends eight or ten branches into the cellular tissue; sometimes the genital branch of the genito-crural nerve is deficient. In such cases the pain will be no indication, and it will be a safe rule to allow the fluid to remain ten or twelve minutes.

I have never known it to have been kept in too long; nor have I ever known sloughing to follow.

Lately, a professor of surgery, in Berlin, has injected chloroform. This is painful. and not to be compared in efficacy to iodine.

In tapping the bladder, both the trochar shaft and the trochar canula should be well dipped in some unguent, as sweet oil, because the iodine acts on the instrument, and if this precaution were not taken would contract the orifice, giving rise sometimes to pain on the withdrawal of the instrument.

After the orifice is closed you want to apply adhesive plaster, and therefore the hair should be shaved off about the middle of the hydrocele, where the puncture is to be made.

The testicle lies in the back part of the tumor. The trochar should be held in the palm of the hand and inclined downward; find out a place where there are no veins, and push in the instrument well up, and then let the fluid flow, which, if natural, is generally straw colored. Then press out the remaining fluid. Examine the condition of the testicle to ascertain whether it is perfectly healthy; make the patient cough to see if there is any hernia,

for sometimes a hernia co-exists with a hydrocele.

Let the injection distend the sac until it is as large as it was before the operation, and if there is any communication with the abdomen, have pressure made with the hand, or by a strong spring truss.

Distend the sac so that there shall be no plicæ or folds of the lining membrane, and hold it there until there shall be some permanent impression. If it fail to make an impression, I sometimes lacerate the walls of the membrane with the instrument, still retained in its cavity, so as to stimulate the cellular tissue.

Service of Dr. Gross.

March 6.

EPITHELIOMA ON THE LIP.

John McD., æt. thirty-nine years; married. Has a tumor on his lip of nine months' duration, which he alleges proceeded from a cut while being shaved.

The parts are remarkably red; on the left side of the lip more particularly involved, the mucous membrane of which is partially abraded, having been, most probably, removed by ulcerative action.

On the inner side of the lip the surface is a little rough and slightly ulcerated, and there is some degree of inflammation at one point. The skin is apparently intact, the superficial portion of it, however, feeling much like incipient carcinoma.

The man has no pain whatever, nor has he experienced any inconvenience from it other than its appearance. He thinks it is growing a little; his general health is good, and he is gaining flesh.

There would be some doubt as to the diagnosis did the swelling occupy the upper lip, for in that position cancer is a very uncommon affection.

There is occasionally induration of the upper lip from strumous disease, sometimes resulting from a syphilitic taint of the system, which very rarely occurs in the inferior lip.

The patient will be put on the use of some mild mercurial course of treatment for a week or two, when, if the condition of the parts be not improved, they will be removed by the knife.

He will be given every night a pill containing five grains of Plummer's pill, which will act as an alterant, and at the same time act on the bowels and the various secretions.

He must regulate his diet, abstaining from meat, and eating the lighter vegetables, with tea or milk.

Dr. Gross employs this treatment in preference to the plan of scarifying the lip, where there is any doubt in regard to the diagnosis.

REMOVAL OF A NASAL POLYPUS.

This young woman came from New Jersey on account of a nasal polypus. The left nostril contained a tumor, not very large, but obstructing respiration. It presented a whitish appearance, similar to that of an oyster, constituting a case of the gelatinous variety of polypus.

There are two kinds of polypus which occur in this situation; one the oyster polypus, or gelatinous, or soft, and the fibrous or hard polypus; the latter being frequently inclined to malignancy, while the other is never so disposed.

This kind of polypus is often gregarious; there are generally several, the larger keeping the smaller in subjection, and when the larger are removed, the smaller take on increased action, and in time fill up the nostril, causing a reproduction of the disease.

Where there is a tumor of this kind, the corresponding nostril is always obstructed, so that the air passes in with great difficulty; sometimes, indeed, the occlusion is complete, and there is a discharge from the nose of a watery mucus character, sometimes slightly bloody.

There is an alteration of the voice which becomes changed in character, being muffled, and there is a sort of nasal twang; and if the obstruction exists to a considerable extent in both nostrils, there is apt to be great difficulty in respiration, compelling the patient to throw the head back so as to get the mouth on a line with the larynx, so as to bring the air into the larynx, causing the patient to snore.

The trouble in this patient is of four years' standing; the general health is excellent.

Though there may be these symptoms of obstruction, you must not rely upon them for a diagnosis in order to determine the nature of the case satisfactorily. It is necessary to explore the parts very thoroughly, or, at all events, inspect them carefully, and have the benefit of a good light in so doing, and introduce an ear speculum to expand the nostril, and then take hold of the tip of the nose and turn it up so as to open the nostril as much as possible.

This variety of polypus is always attached to the middle turbinated bone—the upper one, as surgically considered, of those which belong properly to the nose, the other belonging to the ethmoid bone. It occasionally grows from the septum. The fibrous polypus is usually attached to the floor of the nose, or to the septum at its posterior part.

In other cases the polypus may project into the fauces, sometimes forming a pendulous tumor in that position, especially when quite large, with a long and narrow pedicle. Occasionally, too, it projects at the anterior nares. These tumors are generally removed by means of a pair of straight forceps, with delicate

blades. The instrument is carried up, and the blades insinuated around the surface of the tumor, then carried up to its point of attachment to the turbinated bone. Having seized it fairly, the instrument is to be turned on its axis, twisting off the morbid growth, thus getting rid of it by evulsion, and not tearing it away by force, for fear of removing also the turbinated bone to which it is attached.

During the operation the head of the patient is to be held by an assistant, and turned backward, so as to render the parts as prominent as possible.

After the operation the patient should be kept in a warm room for at least twenty-four hours, to lessen the risk of taking cold.

If the hemorrhage is at all severe, it can be readily arrested generally by the injection of a little vinegar and water; and if excessive and prostrating, the nostril may be plugged.

STONE IN THE BLADDER—OPERATION OF LITOTHOMY FOR ITS REMOVAL.

Daul. L., of Silver Creek, Schuylkill county, Pa.

This young man is a collier, and the son of a collier. He has been unwell for six years. His mother says that he has complained of vesical trouble ever since he was an infant, but during the last six years he has suffered quite severely, especially at intervals.

A sound was introduced into his bladder last week, and a stone was distinctly felt at the neck of the bladder, the click being distinctly heard.

He is in a good condition for an operation; last night he took a dose of purgative pills, which acted on his bowels, thoroughly evacuating them, and he has retained his urine since eight o'clock, a period of five hours. He passes his urine only about three or four times a day, which is rather remarkable, considering that he has calculus; sometimes he is obliged to get up in the night.

He has pain after evacuating his bladder; there is always more pain after the bladder has been emptied than when it is distended with urine, because the coats of the organ come in contact with the foreign substance, by which spasmodic pains are excited with a desire to void more urine.

He has never been obliged to pull at the head of his penis, which is a marked symptom of stone in the bladder. The stream of urine is often interrupted in cases of stone in the bladder from the stone coming in contact with the neck of the organ, and closing the orifice of the urethra.

Calculus also produces pain in the pelvic region. The patient is obliged to strain in order to evacuate the bladder, and hence this disease is often accompanied by hemorrhoids, or prolapsus of the rectum, and sometimes a hernia, to complicate the case; these give rise, at times, to various secondary troubles.

As the disease progresses, the health becomes feeble, and often the perspiration becomes urinous, and there is an odor exhaled from the body almost diagnostic of stone in the bladder. If the patient is not relieved, the general health is ultimately so impaired as to destroy life.

The patient otherwise is in perfect health, and has never been sick.

He is from a region of country where there is no limestone water at all, the water being of the freestone nature.

Stone in the bladder, as it presents itself in different parts of the world, is most common in limestone districts; it is so eminently in Kentucky, in Alabama, in Ohio, and in Virginia. But what is remarkable is, that we occasionally receive cases from a region of country where there is no limestone water at all, and quite a number of cases too. There is a county in Georgia where a great number of cases have occurred, and where there is no limestone whatever, so that limestone water cannot always be the cause of the existence of urinary calculus, if indeed it ever is, which is very much to be doubted.

There are various circumstances concurring in the production of stone in the bladder, and the use of limestone water may be one of them.

Another circumstance of interest is that stone in the bladder is an affection seldom observed in the colored race, for what reason we do not know. All that we know is that the disease is much more frequent in certain regions of the world than in others; that it occurs in both sexes, though more frequently in males, because of the different structure and conformation of the genito-urinary apparatus.

It has been noticed at all periods of life, occasionally as a congenital affection, and it is most common in children under the age of ten years. It has also been observed at very advanced age.

The operation to be performed in a case like the present is the lateral operation of lithotomy, the same has been already performed this winter on two occasions.

It consists in making an opening into the bladder through the left side of the perineum, the incision commencing about an inch and a quarter above the verge of the anus, at the middle line, or raphé of the perineum, and extending obliquely downward and outward nearly midway between the tuberosity of the ischium and the anus, about three-fourths of an inch below its verge.

The incision extends through the skin, superficial fascia, and adipose cellular tissue, in this situation, constituting the *first step* of the operation.

The *second step* consists in dividing the transverse perinei muscle, together with the transverse perineal artery, which runs along its pos-

terior border, and also the deep perineal fascia and the membranous portion of the urethra, together with a few fibres of the levator muscle of the anus.

The *third and last step* of the operation is to divide the neck of the bladder and the prostate gland, the knife in this stage being lateralized so that we divide the prostate gland in its long axis, which is obliquely downward and outward.

Inserting the finger into the upper angle of the wound, the knife is guided by means of the finger in this situation, when dividing the transverse perineal muscle, the transverse artery, the deep perineal fascia, and the membranous portion of urethra, etc.

The opening into the membranous portion of the urethra should be made about one-third of an inch in length, which is large enough to receive the point of the index finger of the left hand; and then introduce the instrument again, and carry it into the opening thus made in the membranous portion of the urethra, and, consequently, into the groove of the staff, which has been previously placed in the urethra, and then divide the prostate gland in the direction obliquely outward and downward, or in its long axis, lateralizing the instrument, lest you should divide the rectum, which should be pushed toward the wide side with the index finger of the right hand in the wound.

We make, in this manner, a large external and a small internal wound, or a sort of truncated cone, the base corresponding with the perineum, and the apex or trunk with the prostate gland and the neck of the bladder.

The rule is always to make a free external incision, and a small incision internally.

We do not usually divide the prostate gland in its entire extent, lest it give occasion to infiltration of urine. It is generally well to incise a portion of that gland sufficiently to introduce the finger freely into the bottom of the wound, and to effect the remainder of the operation by laceration, which can always be done when the patient is comparatively young; but when the prostate is enlarged, and there is induration from long-continued inflammation, or where there are deposits, we usually employ a probe-pointed bistoury to effect the division of the organ.

The knife employed should be a very delicate instrument, narrow in the blade, and slightly spear-shaped and sharp, and cutting only for about the extent of an inch and a half, or an inch and three quarters.

As soon as the bladder has been reached in the manner described, the staff is to be withdrawn and the forceps introduced, being guided by the finger still lying in the bottom of the wound. As soon as the stone is found just above the wound, expand the blades over it, seize it, and, taking a firm hold, extract it.

The staff should always be held, when possible, during the operation, by one accustomed to it. The staff should be a large and deep groove, and the instrument should be held nearly perpendicularly, and be well inserted into the bladder, and hooked up, as it were, under the pubic symphysis, so as to be out of the way of the rectum, or it should be inclined slightly toward the right side, so that the groove may present behind, toward the left side a little.

This instrument guides the knife during the third stage of the operation, and in the latter part of the second stage when the membranous portion of the urethra is opened.

The difficulties of the operation are the trouble in finding the groove of the staff, especially when operating through a deep perineum, and, also, the seizure of the calculus and its extraction.

The operation was performed in the manner described and the stone removed.

For three days after the operation there was no urine discharged through the wound, it passing through the natural channel. At the end of that time he began to void, part through the wound and part through the natural channel, and, at the end of three days more, it all passed through the urethra, so that the wound united almost by the first intention, and on the next day the patient was sent home.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

Wednesday Evening, February 13.

Dr. Remington presided in the absence of the President and Vice-Presidents.

KOUSSO IN TAPE-WORM.

Dr. Jewell exhibited a specimen of tænia, which was expelled by the action of Kousso. It was sent to him by Dr. E. C. Cady, who gave him the following account of his employment of this article:

The first case in which he tried the remedy was that of a lady, who had been ill for some time, during which period she passed joints of tape-worm. Acting upon this information, he gave her small doses of podophyllin, in combination with antimonial powder, until the bowels were fully evacuated. She was also kept on low diet, and the free use of lemonade. After this, he administered two drachms of finely and freshly powdered kousso flowers at 3 P. M., followed at 6 P. M. by one and a half ounces of castor oil with a drachm of oil of turpentine, upon the operation of which an entire tænia

lata was expelled. She rapidly regained her health.

The next case was a dissipated river pilot. Before taking the kousso, for two days, he lived very low, as above, and the result was similar to that in the former instance. The third and last was a gentleman, a native of Philadelphia, a powerful man, who had long enjoyed perfect health. For several months he had occasionally passed joints of tape-worm. He was put on low diet, and took an ounce of aromatic sulph. acid, largely diluted in the course of twenty-four hours. This was followed by several full doses of the fluid extract of the male fern, with but slight benefit. Finally, he took three drachms of powdered kousso, and repeated the dose in five hours, following the last with castor oil and turpentine. Their operation brought away the present specimen.

Dr. C. believes that much of the power is derived from previously dieting the patient. None complained of any bad symptoms following the drug.

SMALL-POX.

Dr. Condie remarked, that he would call the attention of the society to a case of small-pox recently attended by him, and the first that he had met with for a space of nearly two years. Though exhibiting nothing peculiar in its symptoms or progress, the case was interesting, as presenting a striking exemplification of a fact which is strongly insisted upon by several of the European continental pathologists—namely, the greater or less insusceptibility of certain individuals to the modifying influence produced in the human system by variolation and vaccination, and upon which the immunity from a second attack of small-pox or of the vaccine disease depends. This insusceptibility, more especially to complete and effectual vaccination, is a common cause of the failure of the latter as a protective from the contagion of small-pox. Computations, based upon a most extended series of observations, have made the proportion of those who resist the prophylactic influence of the vaccine infection as high as about 33 per cent. In many instances, the insusceptibility is not overcome even after repeated repetitions of vaccination.

February 2d, 1861. I was called to see a woman, twenty-six years old, whom I found covered with a copious eruption of small-pox, which assumed the worst confluent form, and terminated fatally on the nineteenth day after the appearance of the pock. Five years previously, November, 1856, I had attended the same patient for a very severe attack of small-pox, of the discrete form, and which happily terminated without any unfavorable symptom, and without leaving more than one or two, not very deep, pittings. The impression of her friends was that she had been vaccinated when an infant; of this, however, there was no certainty. No trace of a cicatrix could be discovered on either arm.

At the time of first attack there were three other cases of small-pox in the same house in which she resided. No death, however, occurred.

CANCER OF STOMACH.

Dr. Gobrecht exhibited a stomach which he had removed from a man aged fifty-four years, a patient of Dr. E. L. Carter. When first seen by his attendant, he was in a state of extreme exhaustion, so that no satisfactory examination could be made. He died on the same day without reacting. He had been some time previously under treatment in a public institution, and there no accurate diagnosis had been made out. On *post-mortem* investigation, a large medullary sarcoma was found depending from the lesser curvature and anterior and posterior walls of the stomach, filling about two-thirds of its cavity. The mass was certainly larger than the two hands. The pyloric orifice was not encroached upon, hence no doubt the absence of vomiting, which seems not to have occurred at any time. On external inspection, previous to the abdominal incisions, the tumor simulated an enlarged spleen.

Subject for Discussion—Chorea.

Dr. Jas. J. Levick made some introductory remarks upon the history of this disease and its consequences, and concluded by relating cases which had fallen under his notice.

Dr. Condie had listened with great interest to the paper just read. The author had thrown out much matter demanding serious consideration. To go over, even superficially, the several points connected with the etiology, pathology, and therapeutics, which Dr. Levick had presented, and facts adduced by him in their illustration, would require more time than any one speaker could command on that evening—far more, Dr. C. was well persuaded, than those present would be willing to grant.

The term chorea has been employed without much exactness; and it is somewhat difficult exactly to understand the class of cases to which it has been applied by different writers. If we are to embrace under this denomination every abnormal movement of the muscular system which takes place without being accompanied by a loss of consciousness, all the muscular twitchings, restlessness, habitual contortions of the countenance or motions of hands, arms, legs, or feet, which we constantly meet with, then the subject of chorea is a most copious and comprehensive one—the disease being among the most common of those to

which man, in all places and under all circumstances, is liable.

For his part, Dr. C. has been accustomed to denominate chorea only those cases in which there is an evident want af co-ordination in the action of the muscles of animal life, when called into action by the will. Cases in which when certain muscular movements to effect a given object are willed, muscular movements altogether different, and which impede instead of effecting the end proposed, take place, and which the volition of the patient has no power to control, although he is perfectly conscious of their irregularity, and feels deeply mortified at their absurdity. Dr. Condie had, some years ago, under his care, a lad some ten years old, who, when he attempted to walk, would bend his body in the form of a wheel, and thus roll over and over. The child assured those who questioned him that this strange mode of progression was entirely involuntary, that he really meant to walk like other boys, but was compelled by something he could not control to roll about as he did. This patient became finally idiotic. In another case, the daughter of a clergyman, about twelve years of age, there was, besides the strangest movements of the muscles of her face and limbs, a tendency, when she walked in the street, to move obliquely toward the curb-stone, or, when walking through a room, toward the wall. The more she attempted to control this movement, the more irresistible it became. This patient, who is particularly active and intelligent, was entirely cured, and has remained up to the present time, about four years, entirely free from the slightest return of the disease.

In respect to the twitchings of the muscles, the fidgety, restless, and habitual movements observed in many individuals, and which have, Dr. C. believed, been improperly classed as cases of chorea, it will be found, he remarked, that they are, in a large number of instances, acquired tricks, either from awkwardness to relieve some uneasy sensation, or from the imitation of the same movements in others; by an exertion of the will they may be controlled, and ultimately conquered. Now, it is not true that chorea is capable of being acquired by imitation, voluntary or involuntary, of those affected with it—nor is it true that the disordered muscular movements of chorea can be in any degree controlled or subdued by the closest watchfulness, or the most powerful exercise of the will.

Chorea, in common, probably, with all the genuine neuroses, is dependent upon irritation of the proper tissue of the nervous apparatus devoted to the direction and control of the voluntary muscles, and not upon organic disease—a change or destruction of that tissue.

Dr. Condie was persuaded that cases of some of the milder forms of epilepsy had been confounded with chorea. In some of the cases, at least, published as those of chorea, it is said that such and such was the case, or certain things were done, when the patient regained his consciousness. Usually there is a striking difference between the convulsive movements of epilepsy and the irregular muscular movements characteristic of chorea, while, at the same time, consciousness is lost during and for some time after the convulsive paroxysms of the first, which is not the case throughout the entire course of the latter disease.

Chorea is by no means a fatal disease; during a practice of forty-four years, Dr. C. had not met with a single fatal termination that could with propriety be attributed to the disease itself. He had, it is true, seen patients afflicted with chorea die, but invariably from some intercurrent disease. The result most to be feared is the occurrence of idiocy. This has, unfortunately, taken place in cases where everything seemed to promise a favorable termination. It most commonly occurs when, from neglect or mismanagement, the disease has been allowed to run on for a long period.

A very large number of the cases of chorea that had fallen under the care of Dr. C. occurred in young persons, about the period of puberty. In these cases no striking predominance of either sex was observed. In many, perhaps the majority, of instances, there was disturbed digestion, with costiveness, great langour, and inertness of disposition, and more or less of the indications of anæmia.

When chorea is seen early, and properly treated, the physician having it in his power to place the patient upon a correct diet and regimen, it may, in the greater number of instances, be promptly cured. Pure air, personal cleanliness, sufficient exercise, and food adapted in its quality, quantity, and the time and modes of its being taken, are matters of primary importance in the prophylaxis of diseases generally, in early life, and are essential to the restoration of health in those affected with chorea.

The functions of all the organs should, as far as possible, be restored to a normal condition by such remedies as may be adapted to aid in this important object, without, at the same time, reducing the general strength of the system. Every source of irritation that may be detected should be promptly removed. The condition of the bowels should especially be diligently inquired into, and, if found to be costive, or to contain indigested matters of any kind, they should be cleared out by a gentle purgative, or some simple enema. Active purgation is to be carefully avoided, the recommendation of Hamilton in their favor notwithstanding.

Dr. Condie could conceive of cases in which, in consequence of the intercurrence of some acute inflammatory disease, bleeding may be demanded; he has never met with any such cases; with none, indeed, in which all the indications were not entirely adverse to depleting

or depressing remedies of every kind, calling, on the contrary, loudly for tonics and antispasmodics, a sustaining diet, pure fresh air, and invigorating exercise.

Among the remedies which he has found by experience to be the most valuable in chorea, the one which, in his hands, has certainly succeeded the most promptly in arresting the irregular muscular movement, was, Dr. C. remarked, the valerianate of zinc, given, however, in much larger doses than those generally directed: from 5 to 10 grains, according to the age of the patient and the urgency of the case, three, four, or five times in the twenty-four hours. The great price of the article is an objection to its general and liberal use in the disease. Dr. C. has employed, in a large number of cases, the sulphate of zinc in a strong infusion of valerian, by displacement. Although not so prompt in its action as the valerianate of zinc, he has found it a very admirable remedy. He gives it in as large doses as the stomach of the patient will tolerate without nausea being induced. Dr. C. has also employed, with good results, the sulphate of zinc in a stong infusion of cimicifuga, by displacement. From other tonics, as the proto-carbonate of iron, the ammoniated tartrate of iron, etc., given in large doses, and persevered in for some time, he likewise has derived the best effects in cases of chorea.

In cases of genuine chorea, a course of gymnastics, so arranged and directed as to restore the cöordinate action of the voluntary muscles under the control of the will, has been productive of the most interesting results. The gymnastic exercises must be systematically arranged, and conducted under the superintendence of a competent guide, or they will be productive of injury rather than good.

Electricity, in various forms, has been recommended by some authorities as a most efficient remedy in chorea. Dr. C. had seen the electro-magnetic battery employed most perseveringly in cases of the disease having the characteristics of those which were described as especially amenable to its curative influence, but without, in any one of them, the slightest good being produced by it. In young and very nervous patients, the electro-magnetic battery, by the alarm and mental excitement to which its employment at first gives rise, had appeared to him to produce mischief instead of benefit.

Dr. Condie had never seen a case of what is denominated the salaam convulsion. Nor has he observed any case of true chorea convulsions in pregnant females, as an especial disease of gestation. He has frequently noticed, during the latter state, a fidgety-restless condition of the female, amounting in some cases almost to that of convulsion; this, however, he regarded as hysterical; it has certainly not the characteristics of true chorea. He has not observed the latter disease as a sequence of acute articular rheumatism; in many cases, however, chorea is accompanied or preceded by neuralgia, often of a very severe grade.

As to the connection of chorea with disease of the heart, Dr. C. had no experience; in many of the choreic patients who have fallen under his notice, there has been cardiac murmur associated with palpitation, but in every instance this has been associated with and evidently dependent upon a state of anæmia.

Dr. C. wished not to be understood as absolutely denying the connection between chorea and rheumatism and carditis, as reported by others; he merely stated his own experience, from which he was unable to adduce any fact confirmative of the connection referred to.

Dr. Remington had treated a number of cases of chorea, generally occurring in children, particularly observed in females between the ages of ten and fifteen years. A delicate, weakly little girl, living in my family in the capacity of a child's nurse, after having suffered from a violent attack of inflammatory rheumatism, that confined her several weeks to bed, was seized with *chorea*. The contortions and involuntary movements of the various muscles were so violent and constant as to require the aid of several persons to keep her in bed. Incessant motion, day and night, of a rotatory character, with scarcely any intermission, persisted for several weeks. The intense suffering experienced from the disease spending its force on the articular structure, and surrounding parts, occurring in a delicate sensitive organization, must be regarded as constituting the pre-disposing cause of the chorea.

The treatment consisted of counter-irritation, by means of *ung. tart. ant.* to spinal column, and the employment of the cimicifuga racemosa, or *black snake root*, or *cohosh*, as it is sometimes called. She rapidly recovered under its use, after purgatives and tonics had failed. A similar course of treatment, pursued in other cases, has generally succeeded, and when it has failed, it may, I think, be attributed to the irregular and imperfect mode of administering the *cohosh*. I usually direct it in the form of powder: a teaspoonful three times a day, in syrup or molasses. It may be given in decoction. Death from chorea does not often occur; the prognosis is therefore favorable. I knew a case, occurring in a young woman, of adult age, who had been employed in a match factory, and was in the habit of going from morning till night without attending to the calls of nature, in whom chorea was developed in a very violent form. She was attended by a dispensary physician, and the disease ran a fatal course in about two weeks.

Dr. Henry Hartshorne had met with one well-marked case of chorea immediately following upon "rheumatic fever" or acute inflammatory rheumatism. It was in a girl, thirteen or fourteen years of age. Severe pericarditis had occurred, in addition to the usual articular inflammations; and, just as she was convales-

cing from the cardiac affection, the choreic symptoms, with more than average violence, appeared, and lasted for about two months.

In one other patient, a boy about eleven years of age, Dr. H. had seen rheumatic endocarditis follow chorea at an interval of several months. This, also, may be taken as an instance, at least, of the association in the same constitution of the rheumatic diathesis with the tendency to chorea. In what does this coincidence consist?

Mr. John Simon inclined to a humoral view of the pathology of chorea, and considered that the blood-poison of rheumatism may so act upon the nerve-centres as to pervert their functions into the choreic disorder.

A different hypothesis is certainly supposable, namely: that not a mere functional or nutritional disturbance of the cerebro-spinal axis occurs in rheumatic chorea, but a rheumatoid inflammation of the fibrous textures of the upper part of the spinal column, not violent, but deeply-seated and sub-acute. This theory would apply equally well, with appropriate modifications, as to locality or other conditions, to the explanation of the more frequent cases of rheumatic *paralysis*.

The first of the two cases, above alluded to, was reported by Dr. H., in the Philadelphia *Medical Examiner*, October, 1856, where mention was also made of a previous article in the same journal, by Dr. Gibbs, in which the association of chorea with rheumatism was illustrated. Drs. Hughes and Burton Brown, in Guy's Hospital, London, in 309 cases of chorea, found rheumatism to be the *exciting cause* in 13 cases; while in 58 cases, where inquiry was made in regard to it, 30 had suffered from rheumatic attacks; and, of 104, only 15 were free both from cardiac murmurs and from the influence of previous attacks of rheumatism.

There is, then, certainly some importance in the clinical relations and associations of the two diseases.

No other members desired to continue the subject.

MISCARRIAGE—TWINS.

Dr. Gobrecht related, that in January he had attended a woman in miscarriage at the end of the sixth month. She was delivered of twins, a boy and a girl. They were well formed and of the average size of twins at that period; were in distinct bags, with distinct placentæ. The membranes enveloping the male fœtus ruptured in due course, the child was extruded, the cord was tied, and the placenta delivered; the child breathed convulsively and imperfectly, moaned, and lived two and a half hours. In about an hour after the first, (the pains being feeble,) the second fœtus, with its membranes unruptured, was expelled. As the woman was much exhausted, it was quickly laid aside until the uterus was made to contract firmly, and the binder applied; this must have occupied from five to eight minutes. On then examining the ovum, very strong pulsation in the cord was perceived; the membranes being very resisting, were cut with the scissors, and the cord tied. The child acted, in every respect, as in the first instance, and, after a time, made attempts at sucking, when a few drops of water were applied to the lips. It lived 23½ hours.

Adjourned.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

Theory and Practice of the Movement-Cure; or, The Treatment of Lateral Curvature of the Spine, Indigestion, Constipation, Consumption, Angular Curvatures, and other Deformities—Diseases Incident to Women—Derangements of the Nervous System, and other Chronic Affections, by the Swedish System of Localized Movements. By Chas. Fayette Taylor, M.D. With illustrations. Philadelphia, 1861. Lindsay & Blakiston. 12mo. pp. 295.

Kinesipathy, or movement-cure, was instituted for the treatment of chronic affections by Peter Henrick Ling, of Sweden, who was led to adopt the idea by the cure of an attack of gout in the elbow, in his own person, following exercise in fencing.

The work before us is from the pen of a practitioner having an establishment for the application of the movement-cure in New York, where he applies this practice to chronic diseases, being patronized by many eminent regular practitioners of that city, to whom he refers in his advertisements, and also by many irregular practitioners, the patients while under his mechanical treatment being still under advice of their family physician.

The original method of movement-cure by localized movements, was solely by means of exercising the different muscles of the body without the use of any apparatus.

Dr. Taylor claims to have improved on the original plan by the introduction of various ingenious mechanical contrivances, which, under the management of properly-instructed assistants, are made to act steadily upon certain muscles, as required in each case with a certain view. The rest of the work cannot be considered original, as it is all to be found in the *Aerztliche Zimmer-Gymnastic, oder Darstellungund an Mending, etc., etc., by Dr. Daniel G. M. Schreber, Director of the Orthopædic and Gymnastic Institution of Leipsic*, and other works of the same author, as well as in the *Gymnast*, a paper published sometime ago in New York.

These works, however, do not contain the apparatus employed by Dr. Taylor, which, as far

as we know, are original with him. The work is divided into two parts, Physiological and Therapeutical—the latter being devoted to the application of the principles spoken of in the first part, which is to show that a physiological counter-irritation, for the cure of chronic diseases, is much more rational than the production of pathological counter-irritation, as generally employed.

The system consists in localizing movements, so that only those muscles are exercised which are in fault, the rest of the body being kept passive, the consequence of which is that powerful and beneficial muscular contraction can be produced, without a waste of nerve-force producing fatigue, such as generally follows the general or indiscriminate use of the muscles of the body when persons are "taking exercise."

It is certain that stimulus produced in the vicinity of a diseased organ affects that organ in a greater or less degree, and, therefore, the effect of properly localized motion or exercise of the thorax or abdomen in diseases of the contents of these cavities will have their effect transmitted to those organs, thus stimulating a healthy nutrition preparatory to a return of health.

It is impossible to go deeply into the consideration of the subject in a notice like this. The book is cheap, and is plainly and logically written, and we heartily recommend its perusal, for there is much that is valuable in it, showing how hygienic rules, scientifically and intelligently applied, may often supersede the use of internal medicines, or at least prove a most valuable auxiliary.

There is much good in the system, though there is danger of carrying it too far by enthusiasts and quacks who may be disposed to take it up. In the hands of the intelligent practitioner it cannot but prove a valuable auxiliary to his means of cure, coming under the same head in medicine as electricity, the judicious employment of baths, etc., etc., all of which have for their object the stimulation of physiological functions to overcome pathological conditions.

The system is not applicable to acute or specific disorders, to diseases dependent upon poisons in the blood; but it is applicable to those chronic disorders which are the result of perverted or deficient nutrition and a neglect of proper hygiene.

We may upon another occasion discuss the claims of the movement-cure to the favorable notice of the profession in a less desultory manner.

On Diabetes and its Successful Treatment. By John M. Camplin, M.D., F.L.S. New York: S. S. & W. Wood. 1861.

Such is the style of a volume of eighty-seven pages which appeared in London some three years since, under the modest title of a paper read before the Royal Medical and Chirurgical Society of London, "On the Juvantia and Lædentia in Diabetes," communicated by Dr. Bright in 1855, and published originally in the Transactions. It is mainly the narrative of Dr. Camplin's own case, with a few others, interspersed with some very good remarks on the pathology and present theoretical views of diabetes. We suppose the Doctor's patients (for whose benefit it is evidently principally written) have found it edifying and instructive, as this third edition, enlarged and brought down to the present time, has been so soon demanded. The book is intended to extol the effects of a peculiar bran-cake, made with flour, ground in a mill devised by a Mr. White, under the direction of Dr. Camplin; but afterward attempting to grind the bran himself, he failed to please Dr. C., who, therefore, recommends mills made by Mr. White's successor, Mr. Gallop, of 149 Cheapside. We are sorry that we cannot quite agree with Dr. Camplin as to the entirely "successful treatment" of his case, and still more sorry to see such a man leaning toward what savors somewhat of the advertising tendency of the quack. But the book can do no harm in this respect on our side of the water, and presents a great deal of valuable information not hitherto easily accessible among us, while the author's style is very agreeable.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 6, 1861.

This being the initial number of a new volume of the Medical and Surgical Reporter, we take occasion to offer a few remarks on the general subject of the influence of journalism on medical progress. It is universally admitted that there should be some channel of communication between medical men, and all who desire to be regarded as intelligent physicians are found among the patrons of the periodical medical literature of the day. Up to within a very recent period, the profession of our country has only had this species of literature in the quarterly, bi-monthly, and monthly forms, while, for nearly forty years, the profession of Great Britain and the Continent of Europe have given a hearty support only to those journals which are issued weekly or more frequently. It is remarkable that this should have continued so long in this country, in view of the fact that we, as a people, are almost universal readers, devouring news with such avidity that

lightning presses, and several editions a day are necessary to supply the demand for newspapers. Even the *Lancet*, which is published weekly in London, is re-issued by an enterprising publishing house in this country, but served up in a monthly, instead of a weekly, form.

All this is in striking contrast with our characteristics as a nation. Probably one reason of our slow appreciation of frequent issues of medical journals is the fact, that we have been too content to look to Europe for our medical ideas and facts. The clinical observations of the London and Parisian hospital physicians we have regarded as authority, to the almost entire neglect of our own intelligent and learned physicians. The vast amount of clinical instruction given in our large cities, died away on the ears of the students who listened to it. It was not published for the benefit of the profession at large, while the clinical instructions given in London and Paris were freely reproduced here, and widely scattered among the profession of our country.

The effect of the dissemination of valuable knowledge can be described but by one word—Progress; and it is a question whether the era of weekly medical journals which has recently dawned on our country, is not going to solve the problem of a higher standard of medical education and requirement that so many able special Committees of the American Medical Association have for years sought almost in vain to work out. It will scarcely be denied that the weekly medical journals that are issued from London, and which are scattered by thousands throughout the United Kingdom, reaching every hamlet and village, have a vast influence in molding the medical mind of that country. And why will it not inevitably be so here? *We* who are in weekly communication with thousands of physicians throughout our country can see how it *may* be so. It remains for the conductors of this species of medical literature in America to see to it that they prove faithful to their trust; for it can hardly be otherwise than that weekly journals will hereafter really be the conservators of medical opinion and progress in this country as they now are in Europe. As far as this journal is concerned, its conductors feel the responsibility of their position, and are determined to endeavor to discharge their duty faithfully. Their perfectly independent position, being entirely unembarrassed by any connections outside of the medical profession, enables them to speak with more confidence on this subject than they otherwise could.

A WORD ON MEDICAL TEACHING.

It is a hopeful sign of the times that medical education is making very rapid progress in our country. It is within the recollection of most of our readers when successful medical teaching was confined almost exclusively to a very small number of schools. It will be interesting briefly to notice a few of the prominent points in the progress of medical education of late years. Among the successful schools of medicine none have been more so than those of this city, and it is a noticeable fact that the Philadelphia medical schools are not subject to the changes which have characterized so many of the medical schools of the country. Their progress has been steady, and, in a great degree, uninfluenced by the rise and fall of medical schools elsewhere. The fact is, the schools of this city have acquired such distinction that it is not easy to affect their prosperity. With few exceptions, the number of medical students resorting to this city has steadily increased. Not so, however, with some other schools, that, at one time, were quite as flourishing as those of this city. Some, that in former years, enjoyed a marked degree of prosperity, have become entirely extinct. Others have lost their prestige, and have dwindled to a third rate importance. Twenty-five or thirty years ago, the Fairfield Medical School, in the State of New York, was one of the most successful in the country. It is now extinct, while, outside of New York city, none of the medical schools, of which there have been several in the State, have seemed to enjoy a marked degree of success. The medical school at Albany, with one of the best museums in the country, and an

excellent corps of teachers, has held its own pretty well, and has of late made some decided advance. Geneva has had much to contend with, and does not seem to flourish, while Buffalo seems to have closed her doors and transferred her professors, her Hamiltons and Flints, to metropolitan schools.

New England, with all her educational facilities and intelligent medical men, strange to say, has never had one really successful medical school. The medical schools of Kentucky, at Frankfort and Louisville, have either become extinct, or declined very much. The Transylvania school was, at one time, one of the most successful in the country. The success of the Ohio schools, particularly of late years, have been almost problematical. The schools still further West are struggling against many disadvantages, and can hardly be remunerative.

In the Southern States medical teaching has, of late, received an extraordinary impetus. Until within a very recent period, the Southern medical schools were nearly all in a languishing condition. Dr. Bowling and his coadjutors, however, demonstrated, a few years ago, that a large school could be built up at Nashville, and, although it has not yet fulfilled its threat of ruining medical teaching in Philadelphia and New York, it has grown to be one of the largest in the country. Meanwhile, New Orleans has loomed up wonderfully, and the medical schools of that city bid fair to become the most successful in the South. Mobile has made a fair start, and Atlanta, Georgia, has enjoyed a remarkable degree of prosperity for some years. The medical colleges at Charleston and at Richmond have made considerable advances within a brief period.

The effect of all this activity in medical teaching must be to increase the sum of medical knowledge. All who desire to practice medicine now find it necessary to graduate at a medical college, in order to maintain a respectable standing. As to the permanency of the prosperity of the different schools, that will depend almost entirely on themselves. *Pamam qui meruit ferat.* Let the schools vie with each other to give their students the best and most practical instruction. Those that do this, having harmonious faculties and directors, will undoubtedly go on and prosper, otherwise they will dwindle away, lose their patronage, and become extinct.

Amid all the changes that are taking place, we do not apprehend that the schools of this city will suffer any. We see no reason why the number of students that resort to Philadelphia should not increase rather than diminish. As things stand now, it seems to us that the future race for supremacy in medical teaching lies between this city and New Orleans.

SPIRIT OF THE MEDICAL PRESS.

A seat in the House of Lords of Great Britain is the highest honor that professional men in that country can hope to attain. This distinguished honor, it would seem, has not hitherto been attainable by our profession, and an effort is being made to have the distinguished Sir Benjamin Brodie raised to the peerage. In discussing the general subject, the *Medical Times and Gazette* says:

"What, then, is needed to secure the medical profession that social position to which it is fairly entitled? First, there should be honorable positions in the State attainable by the members, and then men of rank and fortune will be induced to educate their sons for the profession with a view to the attainment of these positions. In this way it would at once be more closely linked through its members with the wealthy and titled classes, who would then feel it a personal matter to assert its dignity. A man brought up to the other professions has a chance, at least, of finding his way to the House of Lords, either as a Bishop, or Lord Chancellor, or Law Lord, or a successful General; and this it is which attracts to those professions in preference to physic. Now, that such honorable positions might be found for the higher members of the medical profession is certain. The President of the Medical Council, for example, is a more dignified person, *qua* his profession, than a Bishop, *qua* his, and might be appointed for life with a seat in the House of Lords. To this end, however, public opinion must be influenced in the right way."

The *Lancet* has the following remarks on the Turkish bath, which is just now attracting much attention in Great Britain:

"The Turkish bath has attracted considerable interest since the war in Russia, not so much, indeed, for its therapeutic agency as for its luxurious enjoyment. It was introduced

first into Ireland, and afterwards into some of our large manufacturing towns, by philanthropists and by speculators. Its use has been adopted by a great number of persons. At first we heard very little of its effects, except in connection with either the unqualified denunciations or cautious warnings of our own body, or else with the exaggerated accounts of those who have entered upon the subject in that spirit which would shelve it amongst the various pathies that prey upon the ignorance and credulity of the public.

"More recently it has attracted considerable attention in the medical profession. Many of its leading authorities, known from their writings and teaching in our great metropolitan schools, have made a personal experience of its effects, and some of them have expressed publicly, in papers or pamphlets, their conviction that this mode of bathing is not so dangerous a process to undergo as their first impressions led them to believe; that it really did produce in them a sense of rejuvenescence for a time, and that they are satisfied that it is likely to exert a powerful agency on disease, especially when the malady is the result of a suppressed action of the proper functions of the skin, whatever they may be.

"It is not important to know how agreeably or how luxuriously two hours may be spent in the bath, for few of us, who have the work of life before us, have time to spare; but we really wish to know how the air bath operates on the human organism. If any, what is the nature of the danger to be apprehended, when a healthy body is the subject? What is the kind of relief produced in disease? What are the constitutional or pathological peculiarities that are injuriously influenced?"

Correspondence.

LETTER FROM NEW YORK.

New York, March, 1861.

The long-contemplated measure has been accomplished. The Bellevue Hospital Medical School has acquired legal existence by a charter granting the usual privileges of medical colleges. The government of the new institution rests with the Board of Trustees, twenty-one in number, comprising the present Commissioners of Charities and Correction. The members of the Medical Board of Bellevue Hospital, including consulting physicians and surgeons, are mentioned as the incorporators. This is an event of some magnitude to the profession, and, as a matter of course, great curiosity is excited as to the success of the enterprise; to the influence which it is designed to exercise upon the present status of medical matters in our city; whether it will adopt a new and more comprehensive plan of medical education; whether it is likely to annihilate the existing colleges in the State, and, above all, that momentous question is raised—who will be the future professorial incumbents in that institution? There are, of course, some knowing ones, who pretend to be inspired from head quarters, always ready to detail the plan and to reveal the adopted policy. Some say that the Commissioners of Charities and Correction have, by wise economy, saved some eighty thousand dollars, which they intend to invest in a magnificent structure and the necessary implements of the new college. Others maintain that only a lot of ground will be granted, and the balance of the expenditure is to be borne by the professors at large, which, of course, sours the grapes and cools the enthusiasm of aspiring candidates.

The truth is, that new enterprise has, as yet, only a papyraceous existence. There is no provision in the charter, except the name, which identifies the new medical school with Bellevue Hospital, and no power is given to the commissioners to provide for buildings and other requisites of the college department. The new corporation is, therefore, essentially a private enterprise, and the commissioners, without the assent of the Board of Supervisors, or the State Legislature, have not the shadow of authority to dispose of the property of the city and county of New York in behalf of a private institution. But, irrespective of the legal ground, the commissioners themselves being the product of a political current, represent, in their present constitution, but one of our political boilers, exceedingly unsafe, and not unlikely to explode at the next political revulsion. Upon such volcanic foundation it can hardly be expected to gain a permanent footing, and for precedents we need not look far. In comparing the names, however, of the incorporators, we can hardly persuade ourselves that the undertaking is a bona fide one.

It would, indeed, be a great event, if gentlemen who, for a quarter of a century, have fought for supremacy, had suddenly smoked the calumet, and had formed a complete union. There are, however, some who consider the whole affair a movement to prevent a movement; in other words, certain gentlemen have only joined in the scheme for the desirable purpose of defeating its success, and thus to save their own bacon. And this version has some sagacious advocates. For the success of Bellevue College would be certain ruin to the other colleges, and this price would indeed be very expensive to some of our confrères. Others think the whole movement to be a relief measure for a neighboring college, whereby the burden might be got rid of, and yet the loaves and fishes be preserved.

If we could but convince ourselves that the enterprise was honestly meant, we would hail it with sincerity and salute it with a God-speed.

For Bellevue has the material for a glorious medical school, scarcely to be rivaled, and, certainly, not to be exceeded by any in the country. But, to render it so, nepotism should be discountenanced; in its place, merit, skill, and an open, honorable, and rigid competition for professorial chairs should be introduced. A new plan of medical education should be inaugurated with the new school, in keeping with medical science and the healing art, and the examination for a doctorial degree should henceforth be public, at the dead-house and at the bed-side. If this were the programme every intelligent member of the profession should warmly assist in building up an institution so benificent and timely. With a gentle purgative, the present Medical Board would constitute a fine and efficient faculty. But first let them jump the rope of competition and set a good example, retain the competent men, complete their number with new stock, and send the goslings to grass.

The future will, however, develop the pending mystery, and, with your permission, we will keep you posted in chronological order.

The medical staff of the New York Hospital shows unmistakable signs of paralysis agitans, and but for the conservative old fogies of trustees, they would now be tripping up town, and settle the new temple Hygeia at a snug place along the North river, near Twenty-third street, of course with a school attached.

Whilst these plots and counterplots are being matured, a strategical diversion has been made in the Academy for no other purpose than to distract attention—a most sagacious measure worthy to have been originated in the brain of Napoleon. Our jolly confrère, Lewis A. Sayre, is the distinguished recipient of fraternal attention. Of late he has spread himself too rapidly, received too many popular favors, is growing like young ivy over the venerable roofs, and consequently he is to be trimmed down and disciplined. What is it? Barnum would ask. No more and no less than the valuable improvement of Davis' splint for the hip, which he claims as the result of his own ingenuity. This act of professional iniquity, as it is termed, has so much inflated the ethical conscience of our House of Peers as to raise them, in the last eight months, above their own mortal shortcomings. If they descend at all, they will come down upon Sayre, and if he stands the gas, he will prove himself a rock not to be blasted.

Manhattan.

DIPHTHERIA.

A Tennessee subscriber, in a business note, writes:—"My experience in the treatment of diphtheria is that nine-tenths of the cases can be controlled by quinine and chlorate of potash, in full doses, with veratrum viride sufficient to control arterial excitement.

"To a child, six or eight years old, give, every four hours,

℞.—Quinia sulph., gr. iij.
Pulv. ipecac et opii, gr. ij. M.

"Also, chlorate of potash, at intervals of six hours, and Norwood's tincture of veratrum viride in sufficient doses to control the action of the heart, usually commencing with three drops every three hours, to be increased or diminished as the case may require."

NEWS AND MISCELLANY.

"*Crowner's 'Quests.*"—Complaint is made of the careless manner in which coroner's inquests are conducted in the city of New York. From the education and character of the persons chosen for such offices in this country, nothing else can be expected. In Great Britain, the office is one of dignity, and is always filled by a medical man of high scientific attainments. In Philadelphia, the appointment is given as a fat berth to mere office-seekers. Qualification for the post is not thought of, and the previous occupations of the incumbents have usually been some ordinary mechanical trade or small dealing, until after retirement from office, when they have been usually so elevated as to open drinking saloons!

The public does not seem to be aware that either medical or legal knowledge is required for the proper conduct of the office. Both are essential; without the former, the coroner will be continually blundering in matters which concern the life of an individual, or the just retribution for murder. As he is required to act as a sort of peripatetic judge before his jury, a knowledge of the principles of law and evidence is absolutely essential.

African Explorations.—The *Medical Times and Gazette* says that a citizen of New York, Mr. Du Chaillon, recently reported to the Royal Geographical Society the results of his explorations.

He explored a region, not before traversed, densely wooded and mountainous, and lying on a line with the equator. It is inhabited only by a few tribes of negroes, of large stature, but in a very degraded state, and given to cannibalism. No herds of game exist there, but the largest apes are abundant. The explorer shot twenty-two gorillas, and produced some specimens of the stuffed animal at the meeting of the society; and exhibited some drawings of the house-building ape.

A Veteran Practitioner.—A correspondent of the *Medical Times and Gazette* says that Dr. Ricati, late of Vevey, practised there for sixty-three years. He graduated in 1797, and died in December, 1860.

Instances of Longevity.—The New Orleans *Medical and Surgical Journal* gives the following instances of longevity, gathered from the census returns of 1860:

Cornelia Leslie, a negress. Mr. Morena, a U. S. census-taker for 1860, for Florida, reports that the above-named negress is aged 125 years. She was born in the State of Georgia, at a place called Silver Bluff; has a distinct recollection of the war of the Revolution, and remembers the siege of Savannah, in 1778, when that city was taken by the British. The woman, although so far advanced in years, is remarkably healthy and strong, and walks half a mile every Sunday to attend church. She is the slave of her own son, who is a free negro.

Boubacar Labarre, born in Africa, died in New Orleans, aged 112.

Lizzy Gray. Old Lizzy Gray died on the farm of D. E. T. Mims, Edgefield, S. C., at the advanced age of 127 years. Her physician, in an obituary notice which appears in the Edgefield *Advertiser*, says, that "she was imported from Africa during the Revolution, after having borne four children in that country. During the Revolution she was a prisoner on board a British ship. She was educated in her youth under the influence of Mahommedan tenets, and although she united herself many years ago to the Methodist Church, she ever said that Christ 'built He first church in Mecca, and He grave was da.'"

Gov. Blacksnake, the "old Indian," died at his residence on the Alleghany Reservation, eight miles from East Randolph, Cattaraugus county, N. Y., December 26, at the advanced age of 123 years. He was, probably, before his death, the oldest Indian living. He was in the French war previous to the Revolution; also in the Revolutionary war, and sided with the Americans. He was a great aid to Washington, acting in the capacity of a runner and bearer of dispatches. His family have now in their possession a silver medal that was presented by Gen. Washington, and on which the "old Governor" put more value than on all else he had.

Milly Lamar. In the list of interments recorded by the sexton for the last week, was that of a centenarian, a negress, Milly Lamar, who had reached the advanced age of 145 years. This negress had been the mother of thirteen children, three of whom were born before the Revolutionary war. She was owned, at the time of her death, by G. B. Lamar, of Augusta, and remembered distinctly when the forest trees grew luxuriantly where that city of sixteen thousand inhabitants now stands. Remaining a widow ten years after the death of her husband, she married again, and the other ten children were born to her. The youngest of these is living in this city, and belongs to Mr. James Ray, and is now sixty-three years old. Old Milly was blind for sixteen years before her death, and there is scarcely any doubt but that she was really as old as represented.—*Macon Tel.*

George, a negro of Virginia, died aged 120.

A female slave of F. Hurtell, of Mobile, died in October, aged 110.

Medicine Among the Northern California Indians.—Dr. Keeney, U. S. A., gives the following account of medical treatment among the California Indians:

"They neither resort to the animal, vegetable, nor mineral kingdoms for a cure. Their philosophy of disease seems to be based upon the idea that an evil spirit of some dead Indian steals into the body and locates itself, and wherever the pain may be, there this spirit is. Their system of therapeutics is perfectly comparable with their notions of pathology. Their doctors are always females, and none are called to practice except those who are commissioned as it were, by nature. When a young squaw happens to have a slight periodical hemorrhage from the mouth, or any other part than the natural channel, or, in other words, should have vicarious menstruation, she is the one who is forever afterward destined to heal the sick. The young squaw is not at all covetous of her calling; she dreads her profession, for, on her failing to effect a cure, she loses her life. Her art of cure consists in working herself up into a mesmeric or hysterical condition, and then making gentle passes with her hand over the diseased part, and, lastly, plunging her fists into the muscles of her prostrate patient, as if she really was determined to tear out and expel the dead Indian's evil spirit in good earnest. Then, again, the doctress throws herself into a gladiatorial position, being surrounded by a dozen or more bucks, who assist in the performance, by chanting and howling like so many demons, and then she throws herself with her whole might on her subject, clinching the part diseased, and if she is lucky, she drags out the evil spirit (with a portion of her patient's skin) and dashes it into a vessel of water, ready for that purpose. If the patient is satisfied that he is relieved of the dead Indian's spirit and the pain, all is right; but if the pain chances to return, the poor squaw loses her head under the tomahawk."

Ricord's Latest.—Ricord, who has for a long period kept up a syphilitic sensation throughout the medical world, without, as far as we have been able to see, much real gain to science, has a new freak in the treatment of gonorrhœa. It is the combination of tar with copaiba, and it is said that these offensive articles neutralize each other's tastes.

The London Chemical News states that hundreds of barrels of the clarified fat of horses are imported from Ostend to England, and sold in London for genuine butter. Pies and puddings made of such a savory substance must be very tempting to epicures.

"*Nothing New under the Sun.*"—A writer in *Chambers' Journal* cites numerous facts to show that many supposed modern "discoveries" are really "old inventions." He says:

"The Chinese, who seem to have hovered on the confines of innumerable discoveries, from the earliest period of their history, were familiar, even in ante-christian ages, with modes of treatment and remedial agents which have only found their way into European practice within the last thirty years.

"In regard to anæsthetics, the ancients knew far more than was known to modern nations till within the last quarter of a century, for the Egyptians and Greeks were acquainted with several substances which had the property of inducing insensibility to pain, by plunging those who partook of them into a lethargic sleep.

"According to some authorities, the great Descartes killed himself from too rigid an adherence to the homœopathic doctrine, that a disease should be treated by those agents which will produce analogous symptoms; for when he was attacked by a raging fever, he insisted upon taking large and repeated doses of alcohol—a mode of treatment which brought on violent hiccoughing, and speedily terminated in death

"The cold water cure had, however, a short-lived notoriety in Nero's time, when the Marseilles physician, Charmis, douched and drenched his patients most successfully with cold water, and in other respects prescribed medicines of treatment not in use among his contemporaries.

"Spirit-rapping can lay claim to an antiquity of several centuries in Europe. Animal magnetism, as is well known, was practised by the priesthood of Egypt and Greece from the remotest antiquity. Table turning was known to the Egyptian priesthood, probably from the earliest period of their sway; and from them the practice passed, in the course of ages, to the Romans, who, when the fashion of gyrating sieves had died away, actually took to *tripod-turning*, or, as we should now call it table-turning! This practice they pursued with such faith in the interpretations which they attached to the varied movements of the rotating sieves or tables employed in the process, that it evoked the bitter invectives of Tertullian, who thundered forth his anathemas against all persons who, "putting their faith in angels or demons, made goats and even '*tables*' prophecy to them." The ancients, however, did not employ table-turning as an amusement to while away an idle hour, but hedged it with religious ceremonies, and made it a grave and awe-inspiring element of their demoniacal worship.

"Father Kirchner, in speaking—two hundred years ago—of the magnetic force inherent in man, pretends that if a person were to place himself in a state of perfect equilibrium, in a light bark on the open sea, he would, like some new compass, be naturally disposed to turn his face toward the north pole. Our recent table-turners have asserted that this tendency to move toward the north has been observed to predominate, when once the turning tables had been put in motion."

A Mysterious Case.—A soldier in a Zouave regiment quartered at Algiers, aged thirty, was found on the 2d of January, 1860, dead drunk on an embankment near the railroad. When examined, it was found that the penis and testicles had been cut off in a very regular manner. A dog had been seen prowling about the man; the animal was shot, and in its stomach the glans penis was discovered. It would thus appear that the mutilation had been the result of the voracity of the dog, but various circumstances point to a villainous crime. The medical men instructed to report on the case state that the wound was perfectly clean and regular, and that the least trace of teeth and tearing was undiscoverable. One surgeon stated that both scrotum and penis must have been seized by the hand and severed with a sharp knife. The opening of the trowsers in front was buttoned; and in the stomach of the dog was found, besides some herbs and raw meat, a certain quantity of *sand*. It is thus supposed that the organs had been thrown on the sand and eaten up by the dog. The miserable wretch made a good recovery, and immediately took advantage of his mutilation to excite pity and collect money for drunken purposes. The inquiry set on foot has not led to any result, and the case could not therefore be brought before a court of justice.—*Lancet.*

To Restore Faded Flowers.—A correspondent of one of our daily newspapers, writing from Japan, says:—After a bouquet is drooping beyond all remedies of fresh water, the Japanese can bring it back to all its first glory by a very simple and seemingly most destructive operation. This fact he learned from a Japanese gentleman, who, seeing him about to throw away as useless what had been a beautiful bouquet, which had become faded, said to him, "Only put the ends of the stems into the fire, and they will be as good as before." I was incredulous; so he took them himself and held the stems' ends in the fire until they were completely charred. This was in the morning; at evening they were again looking fresh and vigorous, and have continued so for another week.

University of Louisiana.—The annual commencement of the medical department of the University of Louisiana took place on the 18th ult. The degree of Doctor of Medicine was conferred on *one hundred and thirty-five* graduates. The address to the graduating class was delivered by Prof. Richardson, and the valedictory address by Mr. John R. Hicks, of Mississippi, one of the graduates.

Poisoning by Arsenic from Colored Paper.—Dr. C. T. Jackson, of Boston, gives, in the Boston *Journal*, the analysis of the green coloring matter on a concert ticket which had been given to a child, and who sucked the poison from the surface. The coloring was, as is usual, Scheele's green, or the arsenite of copper, and weighed 1.48 grains.

The poison, which, if it had remained in the stomach, would certainly have proved fatal, was promptly dislodged by an emetic.

Dr. Jackson is aware of several instances of poisoning by inhabiting rooms in which the paper-hangings were colored with arsenical pigments. He says that it is uncertain whether the powdered pigment, which rubs off very easily, and is transported by the air, produced the poisoning, or that the effect was produced by the formation of the arsenite of hydrogen, which would form from humidity of the air, decomposing the paste and the arsenical compound, but it is certain that persons have been made very ill with symptoms of arsenical poisoning, by sleeping for a length of time in rooms lined with green paper.

Arsenical pigments may be readily detected by scraping some of it off and dropping it on the surface of burning charcoal, when the garlic odor will be sufficient evidence, or the metallic arsenic may readily be obtained by Marsh's test. Glazed visiting cards, which often get into the mouths of children, are deeply incrusted with white lead.

It is evident that some legislative action should make criminal the making or selling any articles for ordinary household use, which contain powerful poisons.

Sickness in Syria—The small-pox is prevailing in all parts of Syria. The French general has ordered the vaccination of his whole army. About forty men of the English frigate Doris have been attacked with the disease, and are placed in a hospital on shore. The crowded state of the cities, and the filthy habits of the refugees, together with the want of their usual household comforts, have rendered these thousands liable to every form of disease.

The insurrection last year, and consequent suffering in Syria, has attracted the attention of the civilized world to that country. The Protestant branch of the Knights of St. John, headed by Count Bismarck Bohlen, a gentleman of high character and attainments, has come with an ample staff of hospital nurses and assistants to labor in Syria. They will establish a temporary hospital in Sidon, and have laid the foundation of a permanent hospital in Beirut.

Sir Benjamin Brodie has had his sight so much improved, by the operations he has undergone, that he is able to write and to go about unattended.

MARRIED.

Wagenseller—Shock.—At Selin's Grove, Pa., March 26, by Rev. F. Gearhart, B. F. Wagenseller, M. D., and Miss Maria A. Shock, both of Selin's Grove.

DIED.

Fountain.—On the 29th ult., at his residence, in Davenport, Iowa, E. J. Fountain, M. D., in the 33d year of his age.

Dr. Fountain was known to the profession of the country as an active and useful member of the County and State Societies of Iowa, and also of the American Medical Association. His contributions to the medical literature of the country are highly appreciated; as an evidence of which they have been largely copied into medical journals and standard works at home and abroad. His early death is a loss to the profession and science generally, and will be greatly deplored.

Under date of March 29th, a correspondent writes: "I have just left the bedside of our mutual friend Dr. Fountain, of Davenport. A carefully prepared report of his case, which possessed features of peculiar interest, will be furnished to the profession at his own request. In an hour hence we will have lost one of the brightest medical minds of the West—an accomplished gentleman, a sincere Christian. You will deeply sympathize with his friends here."

—o—

COMMUNICATIONS RECEIVED.

Connecticut—Dr. R. G. Griswold, with encl.; Dr. G. A. Moody; Dr. H. R. Hart, with encl.; Dr. A. H. King, with encl.; Dr. M. White. *Delaware*—Dr. A. Mauck, with encl. *Georgia*—Dr. W. A. Love, with encl. *Illinois*—Dr. P. Gregg; Dr. A. D. Wilson; Dr. J. M. Mack. *Indiana*—Dr. W. Dickey; Dr. F. C. Eckleman, with encl.; Dr. L. D. Glazebrook, with encl. *Iowa*—Dr. John M. Adler. *Kentucky*—Dr. J. D. Jackson, with encl. *Louisiana*—Dr. G. W. Dirmeyer; Dr. N. B. Benedict. *Michigan*—Dr. W. J. McHench, with encl. *Massachusetts*—Dr. J. B. Brown, [2;] Dr. H. H. Mitchell, [2.] *New Jersey*—Dr. H. Finch; Dr. E. Byington, with encl.; Dr. L. S. Blackwell; Dr. C. Taggart, with encl. *New York*—Dr. C. B. Hutchins; Dr. S. C. Pettingill, with encl.; Dr. E. B. Teft, with encl.; Dr. Weis, with encl.; Dr. J. R. Pratt; Dr. G. W. Barr, with encl.; Dr. R. B. Bontecou, with encl.; Dr. Peters. *Ohio*—Dr. W. Mollohan; Dr. G. Liggett; Dr. W. W. Holmes, with encl.; Dr. S. B. Himer, with encl.; Dr. W. Webster, with encl.; Dr. O. E. Davis; Dr. H. Culbertson; Dr. J. M. Weaver, with encl.; Dr. P. H. Clark; Dr. G. O. Hildreth, with encl.; W. S. Merrill & Co. *Pennsylvania*—Dr. J. N. Snively, with encl.; Dr. W. H. Worthington, with encl.; Dr. S. H. Harry, with encl.; Dr. B. F. Wagenseller; Dr. J. W. Potter; Dr. B. D. F. Baird, with encl.; Dr. J. G. West; Dr. R. Brown; Dr. F. H. Gross, with encl.; Dr. W. H. Seip, with encl.; Dr. J. R. Mason; Dr. A. R. Tyson, with encl.; Dr. H. P. Kay, with encl. *Rhode Island*—Dr. W. H. Wilbur, with encl. *South Carolina*—Dr. J. J. Wilson, with encl. *Tennessee*—Dr. J. T. Fort. *Wisconsin*—Dr. H. Adams, with encl. *Washington, D. C.*—Dr. J. M. Toner, with encl.

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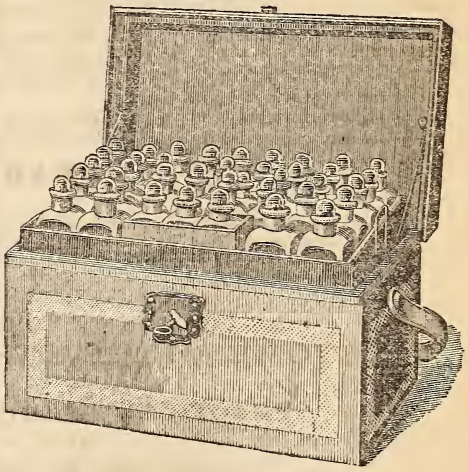

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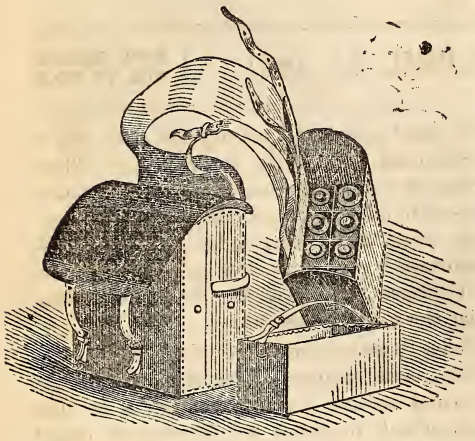

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THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Anæmia. Delivered at the Pennsylvania Hospital, March 16, 1861.

By Francis G. Smith, M.D.,

Attending Physician.

The patient before you presents another variety of blood disease; one the peculiarity of which consists not in the introduction of a poison into the blood, not in a species of fermentation or reproduction of a poison, nor in the retention of an excrementitious element, but in the abstraction from that fluid of a portion of one of its normal elements.

The patient, a female, came in, laboring under the disease described though incorrectly, as *anæmia*, this word being derived from the Greek ανευ, "without," and αιμα, "blood;" the literal meaning of which is exsanguineousness, or a total deprivation of blood. A preferable name is *Obgæmia*, suggested by Gendrin, which signifies paucity of the blood, a term derived from the Greek ολιγος, "few," which more correctly expresses the condition of the blood.

The symptoms, as they present themselves in her, are debility, with extreme pallor, frequent action of the heart, with arrest of many secretions, a pale, dry skin, generally, constipation, and an arrest of the menstrual flow.

The disease may be brought about in various ways, and may present itself either in the acute form, a result of the immediate abstraction of blood, or it may arise from circumstances which cut off the supply of new blood, and in this manner prevent the formation of fresh particles to take the place of those which are constantly being destroyed. The emotions, if long continued, and depressing agencies of every kind, all, in like manner, will have the effect of modifying the new formation of blood-cells, and in this way, by cutting off the supply, will, after a while, reduce the quantity of blood to a diminished standard, and deprive it of one of its essential ingredients, the red-cells. There exists, in round numbers, in every thousand parts of blood, about one hundred and twenty-seven parts of red corpuscles; whenever this proportion is reduced as low as eighty parts in the thousand, we have the disease described under the name of *anæmia*.

Under these circumstances there is not only debility, with frequent action of the heart, but abnormal sounds present themselves in that organ, which to those not forewarned might convey the idea of organic disease existing there; but when, with diminished spissitude of the blood, we have increased action of the heart, the theory is that the blood, as it is flowing through its different channels, is much more easily thrown into currents than when it is in its normal state, thus giving rise to these abnormal sounds which are heard not only in the heart, but also in the great vessels, and are produced by the frequent formation of currents as the blood is escaping through its natural channels.

This patient, who presented the symptoms, as described before, when she first came into the house, was immediately subjected to a full tonic course, consisting of iron and quinine, with a small portion of arsenious acid, and a full, nutritious diet and rest. Under this treatment she has improved very much; the color is coming back to her lips and cheeks, she feels stronger, and those abnormal sounds of the heart, though they still exist, are declining, proving thereby the correctness of the diagnosis, in the first instance, that they were dependent rather upon the impoverished condition of the blood than on any organic disease there existing.

She is taking a grain of the iron by hydrogen, and a grain of the sulphate of quinia, with $\frac{1}{60}$ grain of arsenious acid, three times a day: the formula being a drachm, each, of the iron and quinine, and one grain of the arsenious

acid, as much syrup of gum as will make a pill-mass, to be divided into sixty pills.

Arsenic, under these circumstances, is an excellent therapeutic agent; it acts not only as a tonic, but also as an alterative, and a stimulant to the nervous system, and, at the same time, increases the vigor of the process of assimilation, thus enabling the patient to appropriate more thoroughly the food which she takes for the purpose of improving her impoverished blood.

There are portions of Austria and Styria where the inhabitants are in the habit of eating arsenic, the amount taken sometimes amounting almost to fabulous quantities. From a quarter to half a grain, or even more, is taken daily by many of these people, and they declare that under its use they are stronger, that their nervous and muscular systems are braced, and that they increase in flesh and weight, and are able to bear a greater amount of fatigue than they could otherwise, and that if they cease eating it they are depressed, and dull, as a drunkard without his dram.

These are, however, excesses in its use leading to great abuse, but they form no argument against its employment in an appropriate manner; and when given in carefully regulated doses it does not produce any of its peculiar characteristic symptoms, unless there happens to be an unusual susceptibility to its effects; and, both in hospital and private practice, where I have used this potent remedy, I have yet to meet the first case where it has produced any of its unpleasant symptoms.

I have spoken of this disease of the blood as dependent on the abstraction from it of one of its elements, which we are to assist in restoring by quinine and iron and a carefully-regulated diet.

You will bear in mind that the blood is a living mass; that, like every other portion of the organism, it has in itself the power of growth, the power of assimilation, and, also, the power of self-maintenance. It exhibits its powers of development and growth, in the first instance, when originating from primordial cells, which undergo transformation into blood-cells, and as these cells pass through their constituted period of life they die out and their place is supplied by new ones.

There could be no better argument given in support of the doctrine that the blood possesses the power of growth than we see evidenced constantly in the rapidity with which losses are repaired.

When losses of blood are repaired, it is not by the instillation into it of particles of blood newly and ready formed, but by the introduction into the blood of plastic materials, out of which, by the aid of its own inherent vital powers, it is capable of forming new blood-cells.

Each of these blood-discs is a living cell, having its period of infancy, of adult life, and of old age, and each, after having passed through all these different stages, dies a natural death, and its elements are, some of them, reappropriated for the formation of new blood-cells, and others of them, which are useless, are cast out of the system as excrementitious.

This is a brief and hurried exposition of the doctrine that the blood has the power of growth. But it has, also, a power of *assimilation*—another evidence of its vitality; it has the power not only of making new blood out of plastic material, but of making the blood thus formed like that which previously existed; just as we see in the case of the cells developed from the plastic materials of the blood; these are drawn from the blood in a crude state, and out of them is elaborated a new muscle-cell, or bone-cell, or nerve-cell, as the case may be; and the muscle, nerve, and bone, have each a power of *assimilation* existing in themselves, by which they never fail to make the new cell in their own similitude.

You never discover, developed in a normal condition of the healthy muscle, a nerve or bone-cell, or in the bone or nerve, a muscle-cell, but the muscle makes its muscle-cell by its inherent power of assimilation, and the bone makes its bone-cell out of the plastic material, and each is made in the likeness of those whose place it is to take.

There is not only impressed upon each cell the similitude, as far as its physical conformation to the tissue is concerned, but the vital characteristics of the tissue are also impressed upon it, and if there is any abnormal condition of the tissue, or blood, we find the pathological condition stamped upon the new cell also.

It is this property which exists in the blood, that keeps it always in accordance with its "right state;" and it is in consequence of this law, that when the blood becomes diseased, as from the introduction of the syphilitic poison, and in certain diseases of the skin, as described on a previous occasion—when the blood has once

become contaminated, and the whole mass has become poisoned, that all the new blood receives that pathological stamp, and thus the disease is perpetuated; and probably, also, in this manner when once the blood has had its peculiar susceptibility to the introduction of a specific poison, as in the exanthemata, exhausted, all the new blood participates in that exemption, and thus we are saved from future attacks.

The blood has also a power of *self-maintainance*, self-preservation, by means of which when poisons are introduced into it, it is capable of casting them out of the economy, and thus freeing itself from their presence. Thus we find many of those exanthematous diseases eliminated from the blood; in this manner, typhoid and typhus fevers, and many other diseases, have their morbific matters removed from the system by virtue of the power which the blood has of self-maintenance. Hence, the blood is a living and growing mass, having intrinsic powers of assimilation and of self-maintenance.

It is difficult to dissever our ideas of growth from solid structures, and to believe that fluids can undergo these changes; but the blood has its anatomy, physiology, and pathology, just as the solid structures possess them, and in all respects it is comparable to the solid structures of the body in its powers of development, self-maintenance, and reparation.

Bearing these views in mind, you will understand the manner in which the anæmical patient is to be relieved. We are to make up the loss of blood, to introduce into the system not only plastic material from which to make the cells, but other mineral agencies which we know stimulate the formation of these cells. When we introduce into the blood plastic elements of nutrition, and, in addition, the ferruginous elements, we stimulate the formation of new blood-cells, which are to take the place of old ones.

There are also certain agencies in addition to those already mentioned, which have the effect of developing anæmia; thus, there is one organ in the body which, when it becomes enormously increased in size, has its functions also exaggerated.

One of the frequent causes of anæmia is the malarial poison. We constantly find those living in malarial districts having the peculiar pallid complexion, and we find almost equally constantly in this disease that the spleen becomes increased in size.

It has been shown by physiologists, that one of the functions of the spleen is to break down the old blood-cells and assist in the formation of new ones, by the development of white cells. The spleen, when enlarged, is also exaggerated in function, and there is an increased breaking down of blood-cells, and increased formation of white cells, giving rise to the peculiar pallid face, and those conditions so ably described by Dr. Hughes Bennet as *leucocythæmia*.

Another patient before you presents the same symptoms, the peculiar pallid, waxy appearance of the skin, the lips are pale, the tongue also, and turning the lips down we see that instead of being of their healthy florid hue, they are pale. She is taking the same preparations as the other, and is using the same diet in combination with a small quantity of malt liquor three times a day, under which she is improving.

One other symptom must be alluded to. When the blood has its normal density diminished by the abstraction from it of these red cells, it becomes watery, as you can readily understand, and there is not only a diminution in muscular vigor, and in nervous force also, but a diminution in the retentive power of the walls of the blood-vessels themselves, in consequence of which there is a disposition on the part of this watery blood to pass through their walls into the cellular tissue, and to seek the most dependent parts by gravitation, thus giving rise to local dropsies.

This symptom presents itself in prolonged cases of anæmia, and is to be relieved not by the further abstraction of blood, as in cases of acute dropsy, for this would further diminish the quantity of blood-cells and also still more diminish the power of resistance of the walls of the blood-vessels, allowing a still larger quantity of the watery parts of the blood to pass out; but we endeavor to increase the density of the blood, and favor the endosmotic action from without to within, and if the blood on the inside of the vessels is made denser and more thick than the fluid which exists on the outside, there will be an increased tendency to endosmotic action, and the watery parts of the blood will pass back again, and thus the dropsy be relieved.

In many of these cases of anæmia, as they present themseves in females, a very common symptom is amenorrhœa, a cessation of the menstrual flow. This amenorrhœa is sometimes partial and sometimes complete, and

when it is partial, the blood is sometimes pale and pinkish in hue. By many persons amenorrhœa is supposed to be the cause of this impaired health, and females themselves are very apt to take this view of the subject.

They think that all their health depends on the normality of this function, and if anything occurs to arrest it, instantly all the other portions of the economy fail in the performance of their functions, and they regard amenorrhœa as the cause of their ill health, but it is in truth an *effect* of their ill health.

Anything which tends to diminish the health of the individual, to diminish the powers and force of the economy, will be very apt to be attended in females by amenorrhœa. If you remove its cause, the amenorrhœa disappears.

Young girls if confined to close study, and at the time of its normal appearance lead sedentary lives, and avoid all means calculated to improve their general health, are very apt to have amenorrhœa, and persons who come from the country into the town, or come from other countries into this, where they change their mode of life, after having lived a long time in the open air, as many of our domestics, are liable to be attacked by this disease.

To remove this state, improve the character of the blood by the administration of iron and tonics, under which treatment all the other symptoms will be found rapidly to disappear.

Lectures on the Iris and Choroid and their Diseases.

By Laurence Turnbull, M.D.,
Ophthalmic Surgeon to the Howard Hospital.

No. 4.

IRITIS, OR INFLAMMATION OF THE IRIS.

"Inflammation of the eyeball is now very generally called iritis, and the invention or application of this term has been looked upon as an improvement in the nomenclature of disease, if not somewhat of a discovery or novelty; yet, no one, I believe, ever saw the iris inflamed, without corresponding inflammation of the sclerotic, and seldom without inflammation of other parts of the organ. I am also sure that no one ever saw inflammation of the iris proceed unchecked until it terminated in blindness, who did not at the same time see that the disease had extended to the retina, the crystaline lens and its capsule, the membrane lining the chamber of the aqueous humor, and probably to the choroid and vitreous humor. I do not mean to say that what is called iritis, when it terminates in blindness, is always accompanied or followed by opacity of the lens, or disorganization of the vitreous humor, because we often in such cases see the lens remaining transparent, and find the vitreous humor firm; but I do mean to say, that the consequences of iritis are rarely, if ever, confined to that particular part, but extend to one or more of the other textures. I would, therefore, with the greatest respect for the opinions of eminent men who have written on this subject, suggest that the term should be abandoned as mischievous, and calculated to lead inexperienced persons astray, by fastening their attention on the iris when the retina should be the prominent object. I am not disputing about a mere word, but endeavoring to correct what I consider a mistake, having an injurious effect in practice. I want the practitioner to recollect that when he sees the sclerotic red and the iris discolored, he has not to contend with inflammation of the iris only, but with inflammation of the whole eyeball, and above all with inflammation of the retina.

"I find it urged as an argument in favor of the view that the iris undergoes inflammation without corresponding inflammation of the other parts of the eye, that when vision is lost by closure of the pupil in iritis, the formation of an artificial pupil will often restore it; but my experience leads me to a different conclusion, for I find that the operation for artificial pupil in such cases is generally useless, because the so-called iritis has been accompanied by inflammation of the retina, terminating in blindness or amaurosis."* These preliminary observations I give as words of caution from one who has for a long series of years seen much eye disease, and has made the subject his special study. Yet, "I believe it would be too great an innovation to discard a word so universally employed, unless we could substitute one altogether unobjectionable; and it will be sufficient, if the student bear in mind that the anatomical connections of the iris with the choroid, already described, and other parts of the eye are so intimate that inflammation in the iris always more or less involves the deeper textures of the eyeball."

The passages I have just quoted were published by Dr. Jacob several years before the

* Jacob on the Inflammation of the Eyeball, 1, 2, 3; Dixon on the Eye, p. 125.

invention of the ophthalmoscope, but the revelations of that instrument fully confirm the truth of his remarks. This has been especially the case when the exciting cause has been of a specific nature.

Iritis, or inflammation of the eyeball, is divided into acute and chronic.

The symptoms are:

1. Pain.
2. Redness.
3. Objects appear as if seen through a gauze or mist, numerous gray or dark spots in field of vision.
4. Pain increased toward evening.
5. Globe tender to the touch.
6. Pain extends to the temple, forehead, and cheek. Symptoms increased by the recumbent posture, or full meal.
7. Exposure to light painful, with increased flow of tears.

This is not a constant symptom:

As the disease advances, dimness of vision increases, until perception of light is lost.

Pain gradually augments.

First change in the iris: loss of brilliancy, and it acquires a dull aspect, absorbing the rays of light instead of reflecting them.

Pupillary aperture becomes contracted, and the motions of the membrane are impeded. Pupil dilates and contracts slowly, on the admission or withdrawal of light.

If the iris is of a gray or blue color it assumes a greenish hue, from deposit of fibrin in its texture.

If, however, the natural color is brown or hazel, scarcely any change of color. But in its more advanced stage the iris acquires a reddish brown tinge.

APPEARANCES OF IRITIS.

The aqueous humor appears cloudy.

What is considered as one of the principal diagnostic marks of this disease is a zone of vessels around the margin of the cornea, which, at a short distance, gives the appearance of a uniform dull red belt; but when closely viewed with a lens, the zone is found to be most dense in color close to the cornea, and to be gradually shaded off at its larger circumference. This zone varies much in extent and depth of color, as the disease is mild or severe. In some cases, a gray line exists between the margin of the cornea and the red zone; this gray line is sometimes complete, occupying the entire circumference of the cornea, indicating rheumatic origin. As the disease advances, the aspect of the iris becomes duller, its color more altered, and its motions more impeded; the pupil loses its circular figure, and becomes irregular. Vascular zone enlarges and assumes a deeper hue.

The aqueous humor gets more and more turbid.

Small tubercles of fibrin are frequently deposited on the surface of the iris; first yellow, then brownish red. Some of these tubercles suppurate and discharge their pus by ulceration into the anterior chamber, and onyx is produced, an appearance like the white mark at the base of the thumb nail.

The disease is more rapid and more severe, when connected with specific taint, and more apt to relapse.

The fibrin is also found of a reddish color.

When the iritis is idiopathic or traumatic, the constitution is not always much affected.

But when connected with specific disease, there are usually present other evidences of syphilitic taint, in the form of cutaneous eruptions or inflammation of the mucous membrane of the throat, etc.

Causes.—Inflammation and specific disease.

Persons liable to it at all ages, but chiefly young adults.

As a simple affection, it rarely occurs in persons under the age of puberty.

But not uncommon in children as a secondary disease.

Treatment.—Mercury the chief remedy.

Dose.—Calomel one to two grains to a $\frac{1}{3}$ of a grain of opium every six or eight hours, with $\frac{1}{4}$ grain of ipecac. Diet moderate; extract of belladonna kept applied on eyebrow night and morning, or a solution of atropia dropped into the eye.

If the iritis advance, the mercury must be increased; if it yields, the mercury must be lessened.

In the more advanced stages of the disease, mercury should be given in larger doses and at shorter intervals.

If there is much affection of the sclerotic and conjunctiva, with pain, much good will result from the local abstraction of blood by cupping to the temple or by leeches to the eyelids.

The largest quantity of mercury which Tyrrel has given has been five grains of calomel, combined with a small quantity of opium, every four hours, and continued to fourteen doses.

In feeble cases it is better to give

℞.—Hyd. chlor. mit. - - 1 gr.
Pulv. opii. - - - ¼ gr.
Night and morning.

Infusion sarsaparilla twice a day; an occasional aperient; belladonna to the eyebrows; good nutritious diet, with a small quantity of stimulus. If the case is very feeble, give a generous diet; regulate bowels by pills of colocynth and henbane; small doses of sulphate of iron, with sulphate of quinine, every six hours; after a few days, when the general power is improved, one grain doses of mercury with chalk at night; after a short period twice a day.

CHRONIC IRITIS.

An impaired state of vision accompanied with the presence of dark muscæ. At first a dull condition of the iris and a sluggishness in its movements; if it be naturally of a light color, particularly blue or gray, a slight change is perceptible. If further advanced, the pupil becomes contracted and adherent to the anterior capsule of the crystaline lens. The pupil is then irregular and the iris motionless.

Treatment.—A full trial of the mercurial treatment for two weeks. Even in cases of some years standing, I have found such adhesions give way to combined influences of small doses of hydr. cum. cretæ and solution of atropia.

RHEUMATIC IRITIS.

Mr. M. K., aged forty years, a merchant, applied February 19, 1861, suffering from iritis, the result of cold; this was his third attack. The two previous attacks he had taken mercurials so as to produce salivation, and each attack had lasted for a month. He denied ever having either primary or secondary symptoms, and desired to be cured without the use of mercurials. The inflammation was in the right eye, and had existed for a week. He had employed some local application, but without benefit. The symptoms were great external redness, chiefly sclerotic; there was a belt of vessels around the cornea, producing a gray deposit. Pupil irregular; dimness of vision; pain in the brow. The eye had to be covered with a shade.

Treatment.—Free leeching, Scudamore's mixture of wine of colchic., etc. The extract of belladonna was applied around the brow. By the end of two weeks there was much improvement, but a relapse took place in the third week. On the third of March, placed him upon potassii iodidi, five grains three times a day, which benefited him so much that the eye seemed well; no adhesion. By the tenth he was discharged well. He found much comfort from the cooling effects of an alum curd, as a local application; also a compound solution of nitrate of silver and nitrate of atropia, dropped into the eye every third day.

Second Case.—Mrs. C——— B———, aged thirty-three years, has lost her husband and child; lives by her needle in great poverty; applied at the Howard Hospital, February 28, 1861; has suffered from acute rheumatism; general health, with this exception, was good, but depressed in mind. She was almost blind of the left eye; injection of the sclerotic and conjunctiva; contracted pupil, with great intolerance of light; the iris was dull and inactive. She had headache and fever.

Treatment.—Local application of the nitrate of silver and atropia every third day. Directed the following mixture:

℞.—Magnes. sulph. - - ℥v.
Magnes. carb. - - - ℥ij.
Vin. colchici rad. - - f℥ij.
Syr. zingib. - - - f℥i.
Aquæ - - - - f℥vij. M.

Signa.—A table-spoonful three times a day.

This mixture she employed until March 4, without much benefit; the pain continuing severe, and the right eye becoming affected. The mixture was then changed to the following:

℞.—Potasii iodidi - - - ℥ij.
Quiniæ sulphatis - - gr. xii.
Morphiæ " - - gr. j.
Aq. fontana - - - f℥iij. M.

Signa.—Table-spoonful three times a day.

Under this mixture she found the pain much relieved; but it had a constipating effect, which was relieved by taking two compound cathartic pills at bed-time.

The gray rim continued around the eye, and there was still great injection; and finding there was not free action upon the skin and kidneys on the 7th of March, I directed

℞.—Potass. acetat.
Potassii bicarb. - - āā. ℥x. M.
Ct. div. in chart. No. xx.

S.—One powder in half a tumbler of water, every four hours.

This changed the condition of the eyes, both clearing up, and by the 11th of March there was a decided improvement. She continued the same treatment, with the addition of a solution of atropia dropped into the eye, and by the 18th of March she was discharged well.

As this is the most common form of iritis, I thought it better to enter into the details of these cases, as ordinary examples met with in practice in all ranks of life.

Remarks.—In this latter case I employed no local depletion, nor any mercurial, except as a purgative. Neither the colchicum nor the iodide of potassium acted as I had hoped. The great point of importance is the making a correct diagnosis; we are so apt to be deceived by our patients, having often not to notice their reiterated statement of not having any syphilitic taint. It is, unfortunately, too true that large numbers of our population, both rich and poor, are more or less tainted with syphilis.

Prevention of relapse,—as relapses are common, some cases having twelve attacks,—the following cautions should be observed:—Avoid sudden transitions from heat to cold; do not allow the wind to blow directly in the face; use no violent exertion, avoid late hours, reading by gas light, or excess of diet in wine, brandy, or whisky.

Bathing in salt water, or the sea bath, is useful in bracing the eyes, or a residence in a southern climate, according to T. W. Jones,* during two or three successive winters, may break up the tendency.

SYPHILITIC IRITIS.

March 15, 1859. Mrs. M., aged thirty-five years, has been under treatment for two weeks, for iritis evidently from the color of the iris, and the history of the case left no doubt that it was of a syphilitic nature. She has had twenty-five American leeches applied to the temple, with the internal use of the mild chloride of mercury and Dover's powder, followed at intervals with the compound infusion of senna, as a purgative. Salivation had taken place. As she complained of headache and fullness, she was directed to have ten ounces of blood removed from the arm, and a small blister to the temple. She gradually recovered, *without any injury to the eye*, by the end of the month.

April 2, 1859.—Second case also a female, single, Miss A., aged forty years; her disease was of two weeks' duration first time seen. The iris presented the dull red belt, with pain around the brow. As a preliminary measure, a solution of atropia was dropped into the eye, and I directed the patient to remain quiet for a short time, with the eyes shut. She was then carefully examined to see if the iris dilated. By this means, you can, in a few minutes, determine whether the patient has iritis, corneitis, or sclerotitis. As the iris, in this case, did not dilate, she was directed twenty leeches to be applied to the brow; a stimulating foot-bath; the patient to be purged with infusion of senna and the soft extract of belladonna was applied around the brow; to be followed by the powder of calomel, opium, and ipecac. I consider it all-important to relieve pain by opiates, and to leech freely; while at the same time I never entirely rely upon such measures alone. The importance of preventing patients from taking cold, when employing the above measures, was shown in

The third case, which was a young colored girl, aged twenty, who had been under the care of a surgeon in this city, who stated that she had been doing well until she caught cold, while under the influence of the mercurial. There was now complete closure of the pupil, from evident effusion of coaguable lymph; the inflammation involving the whole globe of the eye, an occurrence which can only be prevented by the timely adoption of judicious and efficient measures. Her vision with this eye was entirely gone.

The following is the pathology of this condition of the iris, above described:—According to the investigations of Wedl,* exudations proceeding from the *iris*, and more especially from its anterior portions, deposit their products on the front of the membrane, more or less filling the anterior chamber. The coagulable exudations assume a peseudo-membranous aspect, are sometimes of a gelatinous, sometimes of a more viscid consistence; yellowish, frequently speckled with bloody points, and readily devisible into laminæ; they usually become organized into cellular tissue, which adheres to the posterior surface of the cornea, in consequence of which, irregularities of the pupil are produced. A second frequent metamorphosis of the exudation in question consists in the formation of pus. This exudation is confined usually only to the *iris*, the lens, vitreous humor, retina and choroid present no anomaly of the kind.

In proportion as the exudations accumulate on the anterior surface of the iris, the same process takes place on the posterior; and in

* Defects of Sight and Hearing, American edition, by Dr Turnbull, p. 150.

* Rudiments of Pathological Histology, by Carl. Wedl, M.D., etc. p. 281.

cases of *synechia posterior* delicate filaments of connective tissue may be traced, passing to the capsule of the crystaline lens, in which filaments blood-vessels also may occasionally exist.

I have carefully watched this process, described by Wedl, of this deposit upon the anterior surface of the lens, with a glass, from day to day, in an acute case of inflammation of the iris, of traumatic origin, and was able to see the first deposit, which consisted of one round vessel or cell which, for a short time, floated in the field of the anterior chamber, and then gradually became adherent to the iris, and then increased by adding new material to itself until the whole pupil was blocked up with it, even under the free use of mercurials, internally and externally applied with leeching and soft extract of belladonna around the brow.

This result is more apt to occur in strumous cases of iritis, which are better treated by the use of iodide of potassium in syrup sarsap. comp., five grains three times a day. In such cases, particular care and attention should always be directed to obviate the contraction of the pupil by the free application of the soft and fresh extract of belladonna to the brow; and though it unfortunately happens that this narcotic exercises comparatively little influence over the membranes in a state of active inflammation, nevertheless it should be maintained in constant readiness to produce its operation, as the nervous excitement and vascular turgesence subsides.

Mr. Dixon has but little faith in atropine or belladonna in syphilitic iritis. "It is on *mercury* that he places his chief reliance; but profuse salivation should be carefully avoided, the gums never to be made tender except in the slightest degree.

"Invaluable—indispensable"—he remarks, "as atropine is in our examination of many *morbid* states of the eye,* I do not regard it as of any service in iritis, as an inflamed iris loses its power of motion." This may be true of its very acute stage; but I am sure I have seen the iris act when there was subacute inflammation present in the second stage. Dr. Jacob's remarks upon this subject are in accordance with my own views. I have already stated that in the early or acute stage of *severe* inflammation the iris loses its power, and the pupil not only ceases to act, but is unaffected by the application of belladonna. I do not, however, discontinue its application on that account, because, as soon as the inflammation is *reduced*, it begins to produce its effects, and either prevents adhesions or (if they have been formed) stretches or ruptures them."*

The same opinion is held by Dr. Von Graefe, and, although much younger than Dr. Jacob, is still entitled to much attention from his great reputation and good opportunities for study and experiment in his celebrated clinic at Berlin.

"The dangers of iritis in general have materially diminished since the introduction of a bold use of mydriatic remedies in the acute form. Treatment by antiphlogistics, mercury, or by other methods of considerable repute, though insufficient to effect a complete cure of the disease, continue important auxiliaries, and in many cases it is impossible to apply mydriatics without their previous employment. Mydriatics, however, are indispensable to the complete success of our treatment."

Iritis cured without posterior synechia seldom evinces any tendency to recur. Iritis, with many broad adhesions resisting all artificial mydriasis, will very generally recur, and there is scarcely any exception to this rule when synechia posterior totalis—a perfect exclusion of the pupil by exudation—has occurred. But when patients, who have suffered from periodical attacks of double iritis, came to me with synechia posterior, I still applied to but one eye methodical instillations of sulphate of atropia, and by that means frequently succeeded in tearing through adhesions which had existed for many years. (This has been accomplished in a recent case in my clinic.) Persons who have recovered from iritis are often affected by periodical ciliary neuroses, which in many cases depend on posterior synechia. After instillations of sulphate of atropia, the pains cease, but return as the pupil contracts. A methodical use of mydriatics, causing extension of the synechia, often permanently cures the disease. The application of the atropinum sulphuricum in slight iritis should be made daily, six, eight, ten times, or oftener, at intervals of five minutes; and, notwithstanding the irritation, both the pain and the other symptoms are generally alleviated, and at the same time the sub-conjunctival injection diminishes with remarkable rapidity.

Where there is *acute iritis*, with profuse lach-

* Dixon's Practical Study of Diseases of the Eye, p. 138-9.

* Jacob on Inflammation of the Eyeball, p. 53.

rymation, chemotic swelling, and cloudiness of the aqueous humor, an entirely different treatment is indicated. Atropine (gr. iv to f℥j water) must be instilled twenty to thirty times to produce even a limited action on the pupil. Sometimes it slightly enlarges, but a genuine mydriasis seldom takes place; sometimes the desired dilatation is obtained by a very bold use of the mydriatic. From these cases, however, no rule can be drawn.

Frequent applications, during the height of the inflammation, sometimes so much increase the irritability that no therapeutical effect is produced. In such cases I am in the habit of employing three methods to diminish the irritation as rapidly as possible:

1st. By blood-letting, by leeches applied to the temples or nose, and incisions of the chemosis with Cooper's scissors sufficiently deep to unload the subconjunctival vessels, which are intimately connected with the iris.

2d. Paracentesis, which must never be neglected when there is much diffuse cloudiness of the aqueous humor.

3d. In very acute cases, and in those attended by excessive exudation, I employ mercurials. The extremities are rubbed every two hours with ung. hydr. cinereum, and every hour I give from a half to one grain of calomel until the first indication of salivation appears. In addition, I apply a suppuratory blister behind the ear. When the irritable condition has decidedly diminished, which must ensue in two or three days, I commence the use of mydriatics, and so vigorously as positively to tear synechia which have already formed. This is the period during which the special object of treatment must be unreservedly followed, and in general the mydriatics act much more readily than before, partly owing to the diminished inflammatory irritation, and partly, also, to free absorption by the cornea. The latter cause alone is insufficient to explain the more powerful action of mydriatics after depletion. This is proved by a fact often witnessed. Atropine has been applied in cases of iritis or corneal exudation without inducing any dilatation; but many hours afterward it has ensued upon the application of leeches. All remains of atropine had previously been carefully removed, and it was impossible any could have been left in the conjunctival sac, and hence it must have been absorbed before the use of leeches, its action having been temporarily latent, owing to excessive inflammatory irritation.

My usual custom is to apply the atropine from six to fifteen times — sometimes twenty to thirty times—a day. The pupil must be kept dilated some weeks after the inflammation has perfectly ceased. It need scarcely be mentioned that the choice of the mydriatic is of essential importance. It is a fact (owing to the substitution of sulphate of atropia for the extract of belladonna) that this method of treatment in acute iritis has come into more general use. It must be well prepared, and if it becomes unbearable to the conjunctiva after very long-continued use, and if circumstances should render its application necessary, the tone of the conjunctiva must be altered by a solution of acetate of lead, or dilute solutions of nitrate of silver.

Although I can easily understand that some practitioners are not successful in the mydriatic treatment of acute iritis, because they proceed without discrimination, still I cannot understand how any can yet consider it irrational. In inflammation of a muscular tissue, what indication is more urgent than to keep it quiescent, at the same time relaxing its most irritable and most threatened parts—in the present case the pupillary margin? Is there a method more likely to induce reabsorption of exudations than to deprive them of their source of nourishment? Finally, does not the diminution of intra-ocular pressure, facilitating the choroidal circulation, afford an especial safeguard against the complication with choroiditis, (ophthalmoscopic examination has shown that after-iritisopacities are by no means uncommon in the anterior part of the vitreous humor; evidently these must be ascribed to the anterior division of the choroid having participated in the inflammation,) which is so much to be dreaded?

When, with all the care, such cases occur in his own practice, or that of others, his operative treatment is as follows, dividing them into two classes, which we can only give in brief, namely:

1st class. The disease begins with iritis, and, without proper care, (as in the case I have reported,) pupillary exclusion* results. I have found that iridectomy only affects a radical cure in the *first group of cases.*

* By the words *exclusion of the pupil, pupillary exclusion, or synechia posterior totalis,* is meant adhesion of the whole of the free margin of the iris to the capsule of the lens. The *eye* may be *divided geographically* into two *hemispheres,* an anterior and a posterior, an *equator,* an *anterior pole* at the centre of the cornea, and a posterior at the macula lutea.

2d class. Choroidal changes commence the disease, iritis occurring as a secondary complication.

There is, also, in many of these cases, extensive retinal separation. Treatment—I have often tried it, also, in irido-choroiditis, resulting from retinal separation, and have generally seen any existing irritation relieved. But no real restoration of vision can ever be expected; more true is the principle that extensive separation of the retina leads to perfect amaurosis, with atrophy of the globe, provided reactionary inflammation of the internal membranes has once been induced.*

COMMUNICATIONS.

Hæmoptysis: A Symptom of Pulmonary Tuberculosis; its Diagnosis; Illustrated with Cases.

By A. P. Dutcher, M.D.,

Of Enon Valley, Lawrence county, Pennsylvania.

PART FIRST.

Hæmoptysis has, for ages, been regarded by physicians as the most significant of any single symptom of phthisis. According to my observation, it has been present in about three-fourths of all the cases that have come under my care, and it was frequently among the first symptoms that announced the approach of the fell disease. Sometimes I have known it to precede all the other symptoms of phthisis for more than a year, when they would speedily follow an attack of hæmoptysis.

Many individuals experience but one attack, and that sometimes only very near the close of the disease. In some cases, again, it is very trifling in amount, and mixed with mucus, but is repeated at intervals for several days. At other times, and this frequently at the commencement of the tuberculous disease, the discharge of blood is copious, so much so, that many patients and their friends look upon it with great alarm, and the danger of sudden death is regarded as very imminent.

But it is astonishing what an amount of blood an individual may lose in this way and yet recover. Lænnec records the case of a young man who lost *thirty pounds* in fifteen days.* Death is very rare from this cause, and many physicians, in the course of years of extensive practice, have never seen such a case. In this disease nature has guarded against this event with the most wonderful care. And if we will examine the circulation of the lungs when they are occupied with tubercular deposits, we will discover several things that are unfavorable to the occurrence of very profuse or fatal hemorrhage.

In a state of health the blood-vessels transmit the blood with the most perfect freedom; but when the lungs are tubercular, the blood coagulates in the extremity of the vessels, and obstructs them in such a manner that scarcely a drop of the vital fluid can escape. Again, when we look into a large tubercular cavity we will observe bands crossing it in various directions. These bands consist mainly of blood-vessels and cellular substance.

Pathologists have observed the fact that blood-vessels are not very apt to ulcerate. We often see muscles, bones, and cellular tissue disappear under its influence, while the blood-vessels remain almost perfect. Thus the walls of the pulmonary arteries, when surrounded by tubercular ulceration, instead of sharing the disorganization, usually thicken; by the deposition of fresh materials, their caliber gradually diminishes; after a time, they cease to be pervious, and are transformed into solid cords. And it is only in those cases in which such vessels are suddenly torn before they are perfectly closed, that we can have profuse hemorrhage from a pulmonary cavity.

But hemoptysis may and does frequently occur in phthisis, without the rupture of blood-vessels. In the great majority of cases, it is undoubtedly produced by compression or obliteration of the pulmonary veins by the tubercular deposit, in consequence of which blood, interrupted in its natural channel, overflows or exudes into the neighboring bronchi. And this is greatly facilitated by the peculiar condition of the constituents of the blood, which, being in a deteriorated condition, allows it readily to escape by exhalation from the overloaded pulmonary capillary vessels. If we admit this explanation as true, we may see in what manner hemoptysis, moderate in amount, may be useful in preventing the extension of the tubercular disease, and relieving inter-current inflammations.

* Graffe on Iridectomy, New Sydenham Society, Translation, p. 230, 231.

* Lænnec on the Chest, p. 192.

But what are we to consider a moderate or profuse hemoptysis? I find that physicians vary much in their opinions on this subject. When I read the case of W. Y.* to Dr. S., a friend of mine, he called that a very alarming and profuse instance of hemoptysis. But when I related another, where only six ounces was expectorated in three hours, this he considered a very moderate hemorrhage. We have been in the habit of regarding four or five ounces of blood, expectorated in as many hours, a very free hemorrhage; one or two ounces, expectorated during twelve hours, as moderate; when but a teaspoonful, or half the quantity, is expectorated, we call this a trifling hemorrhage. And when it is expectorated from time to time, even in this trifling quantity, we should look upon it as a suspicious circumstance, and examine the case with the greatest care.

In some cases where hemoptysis is very copious, the blood will flow into the throat with great rapidity, and will excite symptoms of vomiting, so that, for the moment, we may be at a loss to say whether it was discharged from the lungs or the stomach. But if the operation is carefully observed, there will be no trouble in making out a clear diagnosis. It will be easily seen whether it is expectorated by coughing or vomiting. On the other hand, when hemoptysis is moderate, the blood will frequently pass up through the air passages into the throat, without exciting but very little cough. Individuals sometimes try to deceive themselves and their friends as to the true source of the hemorrhage, and the physician may also be deceived unless he is constantly on his guard.

Statistical tables prove, that those consumptive patients who experience hemoptysis usually live much longer than those who do not. Fifteen years since I was called to attend a woman who was suffering from an attack of profuse hemoptysis. She had every sign of tubercular disease of the superior lobe of the left lung. Since then she has had several attacks of the same kind. There can be no mistake as to the tubercular character of her disorder, although it has made but very little progress during this whole time. I have somewhere read of a protracted case of phthisis, which lasted for thirty-five years, that was marked by occasional returns of, sometimes, very copious hemorrhage during this long period.

* See Part Second, Case First.

But there are exceptions to these last remarks. Some of the most rapid and fatal cases of pulmonary tuberculosis I ever saw were accompanied with more or less hemorrhage. And it is a well-known fact that, where hemoptysis continues very profuse for any length of time, without any very extensive lesion of the pulmonary tissues, it soon exhausts the vital forces of the system, and greatly adds to the tubercular state of the whole organization. Tuberculosis is pre-eminently a disease of debility, and whatever tends in any way to produce this condition of the system will only hasten the malady to a more speedy termination.

Phthisical patients, however, frequently experience a feeling of decided relief from hemoptysis, particularly if it assume the character of passive hemorrhage. In some cases it will assume an active form, attended with considerable fever, and general excitement of the system, and produce a condition of lung analagous to inflammation, and may thus be attended with evil effects; an active period in the progress of the disease seeming to be marked, or coincide with its occurrence. Thus, hemoptysis is not always to be regarded in the same light when we look at individual cases. But when we look at this sympton in the mass of cases, it may be regarded as exerting rather a beneficial influence than otherwise.

As to the frequency of hemoptysis in the two sexes, stage of the disease, and periods of life, our record of cases is not sufficiently accurate to deduce any very positive conclusions from them on these points. The statements, therefore, which follow, are drawn from the reports of cases that have occurred at the Hospital for Consumptives, at Brompton, London, and Dr. John Ware's excellent paper on "Hemoptysis as a Symptom."

From Dr. Ware's table, exhibiting the age and sex of 317 cases, we learn that, previous to the age of twenty years, females are more liable to hemoptysis than males, in the proportion of 130 to 13; that during the next ten years the liability of the two sexes is nearly equal, 67 males to 72 females; during the next ten years the number preponderates in favor of the males, 49 to 28 females; during the next, the numbers are nearly equal, 20 to 28; while from the fiftieth to the sixtieth years, it is once more greatly on the side of the females, 13 to 5 males.

"Whether," Dr. Ware remarks, "this has any connection with a disturbance in the bal-

ance of the circulation at the two periods during which there is an excess in the number of females connected with the establishment, and cessation of the functions of the uterus, is an interesting question."

In regard to the relation of hemoptysis to the different stages of phthisis, we glean the following from the Brompton reports:—In the first stage hemoptysis was present 28 times in 39 cases; in the second, 18 times in 20 cases; and in the third, 57 times in 69 cases. Making 71.79 per cent. in the first stage, 90.00 in the second, and 82.61 in the third.

When, however, the analysis is made from a table of each sex, the proportion is somewhat changed. We then find that the increase in frequency during the second and third stage preponderates in favor of the males. Thus, in the following table, we have,

Males.	Number of Cases.	Frequency.	Per Cent.
1st Stage, . . .	18	12	66.66
2d and 3d Stage, .	56	49	87.50
Females.			
1st Stage, . . .	21	16	76.19
2d and 3d Stage, .	33	26	78.78

Hence it will be seen that the frequency during the first and second stage is considerably greater in men than in women, which may be fairly explained by the greater bodily labor and increased tax upon the pulmonary circulation in the former than the latter. It also has a tendency to lead to the inference, that the exciting influence of the tubercular cachexia itself, in producing hemoptysis, is greater than that of its secondary results.

From Dr. Ware's report, we may also infer that the seasons of the year have some influence in producing hemoptysis. Thus, from a table showing the months in which in 355 cases, the first attack of hemorrhage occurred, we find that a much larger number of them took place in the cold months. The greater number of cases, 38 and 39, occurred in March and November, respectively; the smaller number, 18, in June. The seasons of the year in which the largest number of cases recorded may be denominated the transition seasons,—spring and autumn,—which give, respectively, 101 and 102. Those in which the smallest number are recorded were the equable seasons,—winter and summer,—which gave, respectively, 83 and 69.

As to the more exciting causes which produce hemoptysis in pulmonary tuberculosis, we know but little. Patients when interrogated on this subject can seldom state anything which seems likely to have acted as an exciting cause. In a large proportion of cases, it occurs quite unexpectedly, without a premonitory symptom. Sometimes it will occur after an unusual effort of the chest, either in lifting or running. But I have frequently known it to occur at night, when the patient was in bed; he would be aroused from his slumbers, and find the blood flowing from his mouth in alarming quantities.

PART SECOND.

Hemoptysis, however, may arise from other conditions of the system than pulmonary tuberculosis; such as plethora or congestion, with inflammation of the lungs; from external violence, as blows and accidents of any kind; from violent action of the organs of respiration; from violent muscular exertion; from disease of the heart; and from the suppression of some accustomed evacuation. All of these causes may produce it in certain conditions of the system. And, according to my experience, I do not regard it a very difficult thing to distinguish phthisical hemoptysis from that which proceeds from other sources.

Let us cite a few cases to illustrate the mode of diagnosis. Here we have a case of pulmonary tuberculosis, which has progressed to the third stage, and the very first intimation we have of it is a profuse hemoptysis.

William Y., aged twenty-four, a farmer by occupation, of the nervo-bilious temperament. He was an individual of unusual physical endurance and power. After having been engaged for two days, in handling heavy sacks of grain, he was suddenly seized, on the evening of the second day, with a very copious expectoration of blood. When I was called to see him the same evening, I found him very feeble, pulse almost imperceptible, breathing hurried, skin cold and clammy, and occasional attacks of syncope. The amount of blood lost was estimated at *four pounds*.

And, to add to the difficulties and dangers of his case, a few moments after I arrived, he commenced to vomit and purge, from the effects of nearly a teacupful of common salt, which he had taken by the advice of some friend, to stop the hemorrhage. From these two causes, for three days, there appeared to be but a step between him and death. But by the persevering use of stimulants, tonics, opium, and the

free use of animal jelly, he gradually improved, and in four weeks was able to leave his bed.

His health had always been good up to the time of the hemoptysis. He had no hereditary title to phthisis, and there was no sign about him that I could discover, which was indicative of the tubercular diathesis. As his strength began to improve, he complained of a constant pain in the right side; it appeared to be the most severe just above the nipple. His pulse was rapid, and his breathing hurried. He also had cough, and a slight expectoration of muco-purulent matter streaked with blood, and very marked symptoms of hectic fever. Thompson's gingival margin was clearly defined, while the mouth had a blanched appearance, such as we find in all extreme cases of anæmia.

On examining the chest, we found the expansion of the two sides unequal. During inspiration, there was scarcely any motion in the upper part of the right side. Percussion yields a dull sound over the whole of the right side of the chest, with the exception of just below the clavicle. Here a smart stroke elicited the cracked pipkin sound. On auscultation in the same region, clicking and cavernous respiration was very pronounced; thus pointing out very clearly the existence of a considerable cavity in the superior lobe of the lung, with extensive tubercular induration of the middle and inferior lobe. The physical signs on the left side were normal, with the exception of the prolonged expiratory murmur, an unfailing sign of commencing tubercular infiltration, and all its destructive consequences.

The bleeding never recurred again but once, and that only to the amount of two or three ounces. The disease, however, without any abatement, pursued its undeviating way to a speedy and fatal termination. From almost the very first he emaciated rapidly, and with occasional attacks of pleuritis, a very troublesome cough, night sweats, diarrhœa, and distressing paroxysms of dyspnœa, his tempest-tossed spirit was wafted into the port of everlasting rest. No treatment appeared to be of much use. Opium was the only thing that furnished him any relief. He died in four months from the hemorrhage.

Post-mortem verified the diagnosis. The superior lobe of the right lung was entirely disorganized. It appeared to be but one vast cavity, containing pus, and a few small clots of blood. The inferior and middle lobe were infiltrated with tubercular matter in various stages of softening. The pleura was adherent in several places. In the superior lobe of the left lung there was gray tubercular matter, in various stages of softening, but no cavities. The inferior lobe was normal. The bronchi were red, but free from ulceration. Heart of natural volume; parietes of the left ventricle thinner than usual; aorta healthy. The other organs of the body, so far as examined, were healthy, with the exception of the smaller intestines, which exhibited tubercles in nearly every stage, with numerous indurations and ulcers.

The next case that I would introduce is one of hemoptysis caused by a suppression of the catamenia.

1855, June 22. Called to see Miss S., aged twenty-three, of the nervo-sanguineous temperament. This morning, on rising, she complained of dyspnœa, accompanied with pain in the chest, which was followed in a few moments by a profuse flow of blood from the mouth, which amounted in quantity to sixteen ounces. After the hemorrhage ceased, the dyspnœa and pain were much relieved. Pulse 75, and respiration 18, lying; skin sallow, moist, and cool; bowels costive and tender; spine tender to the touch; nervous system excitable; has had several paroxysms of hysteria during the last month; appetite not good; pain in the head and back; a dry cough; and suppression of the catamenia for the last six months.

Physical Signs.—No dullness on percussion. Auscultation elicits nothing but mucous ronchus with unequal bubbles, not unlike those in bronchial catarrh, only much louder, from which we conclude that the liquid material in the bronchia is more fluid than mucus; hence, it must be blood.

Treatment.—As there was but little hemorrhage at the time of our visit, we prescribed rest, pil. hyd., gr. x., to be followed in eight hours, by castor oil, one ounce, and oil turpentine, one drachm. Dry cupping to the sacrum.

June 23. Called this morning at 3 o'clock. Patient awoke at 2 o'clock, and found the blood flowing from her mouth, and the bed-clothes quite wet with it. The quantity could not be estimated. A short time after this she took a hysterical paroxysm, and had not recovered from it when I arrived. Inhalations of chloroform soon relieved her from this, and as her bowels had not yet been moved, the oil and turpentine were repeated.

9 o'clock A. M. Bowels have been freely

moved. No hemorrhage; cough very slight. Ordered the following powders, one to be given every four hours.

℞.—Pulv. camphor, - - gr. xii.
Pulv. opii, - - - gr. vi. M.
Divide in powders, No. vi.

24. Patient rested well during the night. No return of hemorrhage. As there is still some tenderness of the bowels, ordered twelve drops of oil turpentine to be given every six hours.

26. Quite improved; prescribed the following:

℞.—Pil. hyd., - - - gr. xii.
Ferri citras,
Sulph. quiniæ, - āā gr. xxiv.
Ext. gentianæ, - gr. xxx. M.
Divide in pil. No. xxiv. Take one three times a day.

28. Symptoms all better. In addition to the pills, ordered ten drops of the oil of savine, with the warm hip bath morning and evening.

July 10. Patient still improving. Had a very free catamenial discharge yesterday.

From this time she speedily regained her health, and is now the mother of three children. The hemorrhage in this case was evidently vicarious, and exuded from the bronchial mucous membrane, and was readily relieved by a restoration of the catamenia.

The following case of pregnancy, complicated with hemoptysis, I shall ever remember, from the sorrow that it caused in a once happy family, where I delighted to spend a pleasant day, retired from the toils and cares of professional life.

Miss —— was a young woman of rare beauty and accomplishments. Her social and moral position in society, and the sweetness of her disposition, joined with the most perfect amiability of character, caused her to be admired and loved by all who enjoyed her society. But the seducer came in the garb of an angel of light, and she fell a victim to his machinations.

After spending the winter of 1854 in a neighboring city, enjoying the gaities and frivolities of fashionable life, she returned home about the first of March, pale and somewhat emaciated, with a distressing cough, attended at times with profuse hemoptysis. Dr. C., the family physician, was called in. He attended her until the first of May, during which time there was but little alteration in her condition. Dr. C. regarded the case as one of phthisis, and having exhausted his stock of therapeutics, I was invited to meet him in consultation.

I found her very feeble; countenance pale and dejected; pulse eighty; respiration twenty; tongue moist and clean; bowels regular; appetite good, excepting in the morning; no fever; slight dyspnœa on lying down; no pain in the chest. Hemoptysis recurs about once in seven days; quantity estimated at four ounces. In the meantime the cough is very troublesome, and attended with mucus expectoration.

The physical signs elicited no dullness on percussion, and auscultation nothing but mucus ronchi. The respiratory murmurs were distinct, clear, and free.

While engaged in exploring the chest, my attention was attracted by the unusual size of the mammary glands, and the deep blue of the areolæ around the nipple. This circumstance lead to a careful examination of the abdomen, and her pregnancy was readily made out by the motions of the fœtus, and the pulsations of its heart. She was in the fifth month of gestation, and up to this moment it had not been discerned by Dr. C. nor her family.

The cough and hemoptysis were entirely relieved in two weeks by the use of the following, in teaspoonful doses, every six hours:

℞.—Tinct. ext. cannabis Indica.
Syrup of tolu. - - āā. f. ʒij.
Sulph. morphia, - - grs. ij. M.

From this time no untoward symptom occurred. Her labor was natural, and she made a good recovery, and her health has been very good ever since.

During a medical experience of twenty-two years I have met with several cases of pregnancy, attended with profuse hemoptysis, where there was no tubercular affection of the lungs. It, therefore, behoves the physician to be very cautious how he expresses his opinion in cases of this kind. Let him examine his patient with the greatest care, exploring faithfully the condition of all the organs of the body, never trusting to a simple, verbal examination, nor take for granted every statement the patient may make in regard to his case.

I am acquainted with some practitioners who are too negligent in this particular. They will visit a patient, feel his pulse, look at his tongue, ask a few general questions as to his pains, and in a hurried manner make out a prescription, and frequently depart without having the remotest conception of the malady under which the patient is suffering. Nothing

but such haste and carelessness could have betrayed Dr. C. into such an error of diagnosis, thus injuring his own reputation, and bringing a reproach upon the profession to which he belongs.

And it is just here that unprincipled quacks sometimes achieve their greatest triumphs. They take advantage of the carelessness and the errors of the scientific physician, and by an indefinable assumption of superior gravity and wisdom, they impose upon the ignorant, and supplant the regular attendant, and will not readily yield the downy couch of charlatanry for that of truth and justice. Accustomed to the ignoble fruit of deception, they summon to their aid every devise that is a stranger to the manly breast; they reap a rich harvest from the ills of suffering humanity.

To remove these loathsome pests from society the scientific physician must be constantly on his guard, and if every member of the profession will do his duty, the day will not be far distant when society will cease to be cursed with such hordes of medical imposters and mountebanks.

"*Felix qui potuit verum cognosere causa.*"

GENERAL REMARKS AND INFERENCES.

1. Hemoptysis is the most significant of any single symptom of pulmonary tuberculosis.

2. That it is rarely fatal, nature having taken the greatest pains to prevent such a result.

3. That those patients who experience hemoptysis usually live much longer than those who do not; hence hemoptysis, moderate in amount, may be regarded as rather beneficial than otherwise, by removing congestions, and intercurrent inflammations.

4. That on the other hand, where it is very frequent and profuse, it will have a tendency to exhaust the vital forces, and greatly add to the tuberculous condition of the system, and thus cause a more speedy termination of the malady. A profuse hemorrhage in the third stage has been known to prove instantly fatal.

5. That phthisical patients, previous to the age of puberty, seldom have hemoptysis. After this period up to the age of twenty-five, females are more liable to hemoptysis than males, particularly in the first stage of the disease, but in the second and third stages its frequency preponderates in favor of males; and,

6. That no individual who has once had hemoptysis, however slight, can ever afterward be regarded as entirely safe from the dangers of pulmonary tuberculosis. It may, however, as already remarked, occur from other causes, but it is so rare in any other disease of the chest, that it points most unequivocally to the true nature of the case. Indeed, hemoptysis from tuberculous disease is so common, that its occurrence will naturally bring with it the presumption, that when hemoptysis exists, tubercular deposits also exist in the lungs.

The Poetry of Physic.

By D. W. Maull, M.D.,
Of Georgetown, Delaware.

And is there such a sublimated element as Poetry in a profession so remarkable for the unsentimental doses it prescribes? queries the sceptic, whose stomach has ever been the ungrateful recipient of unpoetic pills, potions, or powders! Can it be possible for a science so marked by the unromantic labors of its votaries to be thus endowed? This will be the mental query of those who have been accustomed to regard the physician as did Romeo his lean apothecary, the presiding genius of "a beggarly account of empty boxes," with nothing in his branch to awaken inspiration in the bosom, or excite a fervor of poetical feeling. He considers Physic as a matter-of-fact pursuit, and the duty of its followers to minister to the sick and afflicted, and whose field of labor, in his clinical rounds, will never admit of the merest awakening of the Divine afflatus within the soul; and that though with his lancet he may open a vein, he will find no instrument with which to open the poetic vein; and that though armed with his ever-present saddle-bags, he may find no difficulty in riding his trusty quadruped, he can never succeed in mounting Pegasus.

Those who receive the definitions of Poetry literally would assert that there is nothing in medicine like it If with Poe, it was all things beautiful; with Griswold, the most beautiful in metrical array; with Aristotle, imitative and creative; with others, a creature of loveliness with a Divine mission, or as a spiritual essence which touches spiritual things in our beings, or an agency that opens up novel creations, then the science was devoid of this gentle principle. They would insist that there is nothing in medicine to rouse the fancy or impress the mind with vivid pictures.

The person of such skepticism might make an exception in favor of the study, when contemplating the mighty providence as displayed in the human system, with emotions like those of the Psalmist when he exclaimed, "I'm fearfully and wonderfully made." He could appreciate the language of Pope, in the many exalted sentiments in his "Essay on Man," when speaking of his attributes; and he could observe the fitness of the many odes, lyrics, and madrigals on the skull, dedicated by Byron, Forster, Spencer, and others, who have made it a theme of song; he could, with these poets, see poetry in that "empty vault of former glory," but would fail to detect in the profession itself any spirituality, any inspiration, any sublimity, and in its exercise any cause for the development of a brightness of fancy, or the powers of imagery, with no chance of the passions ever being captivated by the charms of the beauteous creations of the mind. Such would ignore the Divine origin of the science, to which epical fancy has imparted a delightful coloring; and it is the character of this origin to which the present article is indebted for its basis, as it is antique medicine, which will be treated of.

If ever there was a science ushered upon the world with a bright halo of romance and sentiment about it, that science was medicine. Its very inception was poetry itself. Born of the gods, it was cradled in poesy, and allegory lent its charms to its growth; and naiads, nymphs, fauns, and satyres were invisible presences to impart a lustre to its inauguration, aided by all the mythological creations peculiar to the classic fields of the Hellenists.

Medicine derives much of its poetic element from the glamour which sheds itself over the mystic of the long ago. To invest a thing with an air of mystery is to impart to it a certain degree of interest it is said, "the witchery of the artfully difficult inspiring the mind that essays a solution." The charms of mysticism manifest themselves upon the feelings and emotions, so readily excited by the contemplation of the drama, which has been presumed to have been enacted by personages of a fabulous nature, possessing the attributes of gods, whose drink was ambrosia, and whose residence was elysium. The obscurity pervading the eras of history, marked by an exuberant fancy, and chronicled by minds whose imaginations were vivid, impress us sensibly. There is an innate disposition to remove the veil which hides the mysticism of the past, about which hang certain charms. The more fragile the nature of the curtain, the more flimsy its texture, the more etherial its substance, and the more gossamer-like the fabric woven by the agency of those whose delight it was to mystify the mind; the more acute the desire to remove the covering which rendered that contained within occult, there is an anxiety to solve the enigma. With what extraordinary interest were the oracles of old regarded, simply because they were invested with the fascination peculiar to mystery! What influence they wielded over the poetical mind! Mystery and an intense interest are nearly allied in the meaning they convey.

It is this poetic degree of mystification which imbued our science in its inception, especially among the Greeks, and which imparted so much of sentiment to its origin. Its originators were heaven-endowed, did we believe the laureates who sang their virtues, and their noble and godlike deeds; they lauded them in metrical composition, as they were heaven-born. Their simple cures, by as simple remedies, were extolled as wondrous manifestations of a Divine power, which inspired them. Their means of cure were regarded as the emanations of Deity, who had bestowed super-human faculties on these deified conservators of human health; their cures, though not puffed like some in the hebdomadal literature which marks certain eras, were inscribed on tablets more enduring. Every act in their profession was signalized by the eulogiums of the bard whose province it was to assist in exalting him into a hero by his verses. Fitly may Renouard designate this the mystic period of medicine.

Even the era of disease and suffering was introduced with poetry and fable to render these afflictions less formidable by an association of fable and fiction. The shaft of disease, to make it the less envenomed, was touched with poetry, fancifully speaking; and allegory encircled it with wreaths of flowers to impart a rich aroma with its penetration: so that when it entered the system, the victim gracefully submitted, with the consolatory reflection that it was an act of the gods.

Were we to place implicit confidence in Theogony, and the beautiful and marvelous fictions of medical mythology, we would then learn that it was through the beauty, fascination, and seductive allurement of Pandora, and her unwonted influence upon Epimetheus, that disease and its attendant ills escaped from the casket, sent by an indignant Zeus, and thus

afforded employment for countless disciples of the healing art, many of whom, by the way, have vegetated upon the hope that was left imprisoned in the cask.

Thus we observe the reign of bodily ills commemorated by fable, and commenced in poetry, with epics to hail its birth: for in the prevalence of their pestilences among the Greeks, we see their ideas of Divine manifestations of wrath shadowed forth, when their bard said:

"Thy direful darts inflict the raging pest."

And in another instance he says:

"Who may interpret the wrath unrelenting of Phœbus Apollo;
Whether for forfeited vow we are plagu'd, or for hecatombs wanting;
If, peradventure, by savour of lambs, or of goats without blemish,
Anger divine may be soothed, and the pestilence turn'd from the people."

As in the case of the wounded foot of Philoctetes, and in their plagues, in which they saw the wrath of Apollo, they exerted themselves to appease the gods by savors. "These immediate interpositions of gods with men, for both good and evil, were the keystone to this early faith. The rhapsodists taught and the children chanted the Homeric poems, till they dreamed out in reality that fauns and satyrs were sporting in the groves, nymphs bathing in the crystal streams, and sacred deities ever winging a feathery flight 'twixt their own green vales and the palatial halls above."

"We see the religion of that primitive period associated with medicine, which made the poetry more sublime. It contemplated a deity who watched over their interests and welfare, and the mind essayed to commune in its primitive manner with the intelligences above; its searchings were directed heavenward, or, at least, to regions which they supposed their deities inhabited." Without the aid of Divine Revelation their aspirations were for something beyond the sphere of their graves, cemeteries, or sarcophagi. There was something inherent, which gave them the conviction that there was a supremacy, and although their notions concerning the deification of their masters of the healing art were crude, but, certainly, poetical, yet it was a form of adulation, which was not only pardonable but commendable, since it was an incentive to labor, on the part of others, for the cause of humanity; the age was well calculated to stamp the science of medicine with the imprint of poetry, for the passions and feelings were such as to favor the impressions.

Mythology declares that medicine was a divine art, originated in heaven among the gods, who formed a style of medical association, over which Apollo presided as the principal medical divinity, and fed on nectar and ambrosia, a diet differing materially from the less etherial one, with which modern patrons have to content themselves. Diana and Ilythia, the daughters of Juno, were renowned in their branches, and their skill was perpetuated.

How consoling it was to the female to know that she was watched over by an invisible and potent spirit, who was a guardian angel to her!

The gods, in Olympus, sometimes had occasion for the exercise of their talents, for the divinities themselves ever and anon received a chance blow in the wars of the Greeks and Trojans, and from the thunder-bolts of Jupiter. We find in the Iliad where some of these divinities, in one of the battles, came off second best, and incontinently traveled back to Olympus, looking much more woe-begone than when they departed. The tempting Venus herself returned with quite a wound in the palm, on which Diana infused the balm, after wiping away the sacred ichor; and of hell's grim king, it was said:

"To Jove's high palace for a cure he fled,
Pierced in his own dominions of the dead:
Where Phæon sprinkling heavenly balm around,
Assuaged the glowing pangs, and closed the wound."

The same authority tells us, when the God of War was wounded, that

"He who shakes Olympus with his nod,
Then gave to Pæon's care the bleeding god:
With gentle hand the balm he poured around,
And healed the immortal flesh, and closed the wound,
As when the fig's fresh juice infused in cream,
To curds coagulate the liquid stream.
Sudden the fluids fix, the parts combined,
Such and so soon, the etherial texture joined."

A number of other instances do we find where the celestial beings suffered: these are sufficient to show that if Poetry consists in opening up to the mind new creations, and by an endless combination of materials, fashioning ideal beings, there was true Poetry in the fabulous narrations of the condition of medicine in Olympus, where, it is said, dwelt about thirty gods and goddesses learned in the art, the worship of whom was based on the truth that "to preserve and repair is nearly as admirable as to create."

This poetic principle is even seen in the protection of the bodies of men after death upon the battle-field, as when the corpse of Hector, though life had been extinct twelve days, was subjected to the indignities practised upon it by Achilles, was fresh when the father came to ransom it: sacred Phœbus

"——— Kept the nerves undried, the flesh entire,
Against the solar beam and sirian fire."

These gods dealt in perfumes of ambrosial dews to restore the freshness of their warriors, after wounds, and styptics to arrest the flow of life's current. Unction with ambrosia was also tried by Apollo upon the body of Sarpedon, after washing it with flowing water, rendering it incorruptible, which was one of the virtues of the substance. Apollo was presumed to have especial cognizance of the bills of mortality among men, and Diana that of women, whilst Hygeia watched over the health.

The age of Æsculapius, when the rudiments of medicine first began to be understood, was replete with imagination, sentiment and exalted feeling, we read, and in its inauguration among the Greeks, was considered god-like. Æsculapius was worshiped as a god, and temples were dedicated to him; votive tablets were suspended from the walls of those temples, the offerings of those who had been healed, describing the disease, and the means of relief resorted to: these edifices were frequented by the sick and suffering, with the confident belief that divine means of cure would be imparted to them, whilst they laid themselves down to sleep in the sacred enclosure, with the view of receiving revelations in their dreams by which they might be healed, and in the event of their failing to receive these inspiring revelations, to consult the lineal descendants, who professed to be learned in the medicinal virtues of herbs, a knowledge of which was so great, that they were able to cure the sick, heal the wounded, and even restore the dead to life, as they had all the advantages of their progenitor's mastery of the art, and their own experience. To continue the recital of the history of the times, as it is recorded, the language of the age was Poetry; a fervid imagination supplied the Poetry of Medicine with agents and events, to give it the semblance of the real and true. Allegory was called into requisition to substantiate the art, and give it the basis for the times, when the Poet swayed the masses, and wrought upon the feelings, and developed the emotions by his figures and fables, emitted in classic style.

Dressed in such garbs, fashioned by fable, allegory, and poetry, with all the other agreeable shapes, which a heavy draught upon an exhaustless imagination could impart, can it be wondered at that considerable fascination should invest the science, or rather art, as it might be designated, at that period?

The ancient Greeks were a poetical nation, and every subject that they touched bore the impress of their poetical tendencies: they invested the most common-place themes with a beauty of style, rendered so by the peculiar fervor of their language. They arrayed everything in this characteristic garb. Such is a partial history of the times.

Now, in such an age, and under such propitious circumstances, medicine could not possibly escape receiving the impress of the times. But did not this alliance of Medicine and Poetry prejudice the former? With such a *mélange*, was it not difficult, it has been asked, to separate false facts from those which were true? Events and agents, it is true, were not wanting whereby a basis might be formed for the science, but such a coloring was imparted to them, that it was difficult to estimate their real worth: the poetical license was called in play to recount the deeds of some incipient disciple of their deified founders, with an exaggeration of style peculiar to them, or to extol the manifold virtues of some plant, herb, or means of cure: the progress of medicine was sacrificed to the poetic spirit of the age. The *status* of the profession was different from that of the present day, for the physician was greatly venerated, and was regarded as a Superior Being, intrusted by Heaven with their well-being.

The very obscurity that dwells about the science of that time, invests it with a charm that is more than agreeable: it leaves the imagination to depict the deeds of the heroes of medicine of that age, and of their wondrous powers and marvelous cures. The custom of transmitting a knowledge of the science from father to son, keeping it in the priesthood, or teaching it in a kind of sanscrit, rendered it an arcanum, with which only certain ones were to be made acquainted, causing outsiders to view it as a holy of holies, not to be penetrated by the vulgar gaze.

An enthusiastic mind may imagine the fame and renown attached to these professions. Al-

though we may regard the existence of an Æsculapius as a myth, we can imagine the honor of the erection of temples and votive tablets. We can contemplate these facts with poetic emotions, a fervor of feeling, and enthusiasm of soul. It is related that those who consecrated a temple to this mythical personage did it not only because they were under obligations to him for his great services, but they supposed his spirit would abide there, hallow it, and imbue it with the virtues which he possessed, and that the healing atmosphere pervading the temple would relieve the same affections which he had cured in his life-time. Was there no Poetry in this idea? If the purport of Poetry is to stimulate the fancy and excite the feelings, as is said, then was there true poetry in the conception of these beautiful designs of a sovereign deity, with his healing presence, ever hovering over the sacred precincts to minister to the sick and afflicted.

To carry out the poetical view, these temples were erected in the most charming spots; motives of salubrity influenced them, also. A smiling and fertile country was selected; a spot bordering on the sea, where the view was expansive as their own souls. It might be a valley circumscribed with hills and crowned with woods; a sacred grove where sylvan deities were supposed to abound, with purling brooks to delight the senses, and freshen the thoughts; or a locality where a spring gushed forth and laved the walls of the temples of health. Can the mind find no poetry in these arrangements?

The desire of those followers of Æsculapius to discover some means of exemption from death and old age, some *elixir vitæ;* and their belief in the possession of these faculties by their gods, indicate a sublimity of feeling and purpose.

Mythology teaches us that the patron of medicine was reared by the Centaur Chiron, and that his inherent knowledge of the branch was great, and his aptitude to learn superhuman. The family of the Asclepiads, to which the science was confined chiefly, dwelt near the temples, whither the sick came for relief. These doctors recognize Æsculapius as their actual progenitor. What a fertile field for the exercise of the talent of the ancient poet! Is there nothing sublime in reckoning one's descent from a god? or none of the poetical principle in tracing one's lineage back to a hero whose widely-known fame had caused his deification? And can we discover nothing of this vein in the fact of the votaries of the god sleeping in the temple in order that they might be favored with healing suggestions in their dreams? As all bodily ills were supposed to come from the gods, and to be the sequences of their ire for sins committed, they looked to them for cure.

Podilarius and Machaon, sons of the god, were held in great repute during the Trojan war. Of the latter, when wounded, and when "trembling Greece for her physician feared," it was said,

"A wise physician skilled our wounds to heal,
Is more than armies to the common weal."

It is related, that while Æsculapius was restoring Glaucus to life, Jupiter killed him with a flash of lightning, as he feared lest men might contrive to escape death altogether, or because Pluto had complained of Æsculapius diminishing the number of the dead; but, on the request of Apollo, Zeus placed him among the stars. This was a novel conception. No physician, *par parenthesis,* need be apprehensive of such a fate, and such a translation among the stars, because of unwonted success.

The Greeks even indulged in what might be termed an infernal sentiment: for they had poetical ideas even concerning the plague, with which they were often afflicted. In the Iliad, we read,

"As vapours blown by Auster's sultry breath
Pregnant with plagues, and shedding seeds of death,
Beneath the rage of burning Sirius rise,
Choke the parch'd earth, and blacken all the skies."

And again,

"Orion's dog, (the year when autumn weighs,)
And o'er the feebler stars exerts his rays:
Terrific glory, for his burning breath
Taints the red air with fevers, plagues, and death."

Though the simplest forms of medicine were understood, being confined to the knowledge of healing wounds by styptics and salves, still those methods they did practice had a degree of poetry about them. Their "soft arts of pharmacy" were often poetical.

The famous Promethean unguent was prepared from an herb which sprang up where the blood of Prometheus dropped; this unguent was endowed with wonderful magic properties, and premedicated the system against fire and sword: this is a poetical idea.

An amulet was a charm, or something which was worn around the neck, and by the wearing of which the person was supposed to be defended from the admission of all evil; in particular, it was presumed to be an antidote to the plague.

Serpents were connected with the worship of Æsculapius, because they were a symbol of prudence and renovation, and were believed to have the power of discovering herbs of wondrous properties; they were kept in the temples. It is said the ancient medals represented the goddess Hygeia with a serpent three times as large as that carried by Æsculapius, to denote the superiority of hygiene to medicine—prevention to cure. In all these symbols there was some poetry, and much design. At Rome, later than the age of which we have been speaking, the worship of this god was introduced, at the command of the Delphic oracle, to avert a pestilence—a sublimity of method indeed.

Hippocrates adopted quite a poetic plan to stop the plague at Athens. Among other means he hung up chaplets of flowers to stay the ravages of the destroyer; and in the gymnastic games of the feast, Panathemia, a herald, proclaimed that the people of Athens had conferred a crown of gold upon Hippocrates, in gratitude for the signal service which he had rendered to the State during the pestilence.

The manner of determining the prognosis was equally poetic with the treatment. They arrived at their conclusions respecting a given disease by the flight of birds, by consulting the stars, by dreams, and other fallacious means.

Leaving the Hellenists, we observe in the Israelites some of the poetical character of treatment. In the many rites laid down in Leviticus, we remark the treatment of the Leper, by the priest: for the cleansing of this leper—"Then shall the priest command to take for him that is to be cleansed, two birds alive and clean, and cedar wood, and scarlet, and hyssop; and the priest shall command that one of the birds be killed in an earthen vessel, over running water. As for the living bird, he shall take it, and the cedar wood, and the scarlet, and the hyssop, and shall dip them and the living bird in the blood of the bird that was killed over the running water; and he shall sprinkle upon him that is to be cleansed from the leprosy, seven times," etc.—This is truly poetical.

The same method with birds, cedar wood, scarlet and hyssop, and the same rites over running water, were practised when the walls of the houses became infected with a species of fungi. Uncleanliness by issues is treated in the same way, with the exception that the person affected bathed himself in running water.

The treatment of Naaman's leprosy by Elisha was equally poetical. The prophet's language was, "Go and wash in Jordan seven times, and thy flesh shall come again to thee, and thou shalt be clean." The fee he designed for the prophet that cured him was better than poetical, by the way, for it consisted of ten talents of silver, six thousand pieces of gold, and ten changes of raiment, equivalent, it has been computed by some, to one hundred thousand dollars—the largest medical fee ever recorded. There was something real and substantial about it, and was calculated, like poetry, to rouse the energy of the passions, and to excite the emotions by producing new figures.

Not only among the Greeks and Hebrews do we find much of medicine enveloped in fiction, and cradled in fable and allegory, but among the Chinese, Egyptians, and Indians, all of whom had their strange and ingenious theories, more poetical than substantial. The origin of the science with all these people had something of the essence of poetry about it; but it is to Grecian mythology especially that it is indebted for the spirit of the immaterial principle which has ingrained itself into history, imparting a tint rich in the extreme and pleasant to contemplate.

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The Future of Medical Science.—No fact in the history of scientific and social progress is more clearly established than that those great men who have astonished the world by grand discoveries, or revolutionized public opinion by the strength of their own convictions, have succeeded mainly by favoring circumstances. It always happens that the labors of the many are utilized by the genius of the one. When Newton weighed the universe in the balance of his intellect—when the daring spirit of Columbus discovered a New World, each did so by reasoning upon accumulated facts. In the fullness of time the knowledge of all that constitutes health and disease will be accomplished by the self-same process. Sooner or later, some medical Newton will arise in his power. His master-spirit will dispel all apparent difficulties. By the application of some simple law, a test drop from the divine fountain of truth, he will at once discriminate between the mingled facts and fallacies of all preceding ages.—*Dr Leared's Oration—Lancet, March* 30.

Illustrations of Hospital Practice.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Gross.

April 3, 1861.

DISEASE OF THE KNEE JOINT.

John Smith, æt. 20 months, has an affection of the knee-joint, which has been of nine weeks duration.

Apart from the condition of the limb the child presents a healthy appearance, but the knee is evidently very seriously affected, for it is swollen in every direction, presenting a very striking contrast, as compared with the sound limb.

There is, evidently, inflammation of some kind, which is most likely to be of a strumous character, though it might be of a syphilitic, gouty, or rheumatic character.

In determining the nature of a case of this kind all these circumstances must be borne in mind.

In the present instance the parents of the child are both well and perfect; the child has a light complexion, one indicative of the strumous diathesis. Before the affection of the knee manifested itself, the child had a wheezing respiration, with which it had been long troubled, but which ceased with the commencement of the disease of the joint.

The limb is almost semi-flexed, is painful when moved, and cannot be used in walking. The child sleeps restlessly, but has a good appetite; he is at times a little feverish, but he has no symptoms of this kind coming on at any particular time, or returning at regular intervals; the bowels are rather loose.

The probability is that this is a case of synovitis, depending on some peculiarity of constitution, not unlikely strumous in its nature, for it is rare to meet ordinary inflammation in a child of this age, independently of external injury, and, therefore, it may always be assumed that such disease is of a specific character, and where there is an absence of syphilitic taint, of gout, and of rheumatism, it may be assumed as a general proposition that the disease is of a strumous character, and it is taken to be of that nature in the present instance, an opinion which is strengthened by the existence of a less degree of pain than would have accompanied gout or rheumatism.

The child has been permitted to go about as best it could, and the use of the limb has, undoubtedly, been a source of aggravation.

It is of paramount importance in the treatment of affections of the joints to enjoin absolute and unconditional rest. The child should not have been permitted to walk about for a day after the occurrence of the disease, but should have been confined to bed, while mechanical means should have been employed to keep the articulatory surfaces in a state of perfect quietude. The patient should be confined to the horizontal posture.

A binder's board splint, two and a half inches in width, should be placed along the posterior portion of the limb, to extend as high as the middle of the thigh, and as low down as the middle of the leg, and should be confined by means of several turns of the roller, above and below, so as to leave the joint exposed in front and at the side for medicating purposes.

An application will be made of a strong solution of the acetate of lead with a little laudanum, about one ounce of the salt to half a gallon of water, with about two fluid ounces of laudanum.

In these affections of children, laudanum should not be used too freely externally, lest too much of it be absorbed, and thus exert its peculiar influence on the system, for in children of delicate skin the absorbent powers of the cutaneous surface are very great.

This is a rubefacient and refrigerant lotion, and should be applied tepid on a piece of flannel of several thicknesses, and arranged so as to cover in completely the whole of the affected structures. It should be replaced every other day, and covered in the meantime with oiled silk, which may be removed whenever it is necessary to wet the flannel, which plan is much preferable to a too frequent disturbance of the part by removing the entire dressing whenever it is requisite to repeat the saturation.

It will be well enough, also, to purge the patient every other morning with a combination of one grain of calomel with three grains of rhubarb, and one grain of the bi-carbonate of soda as an antacid.

The diet must be regulated, avoiding very stimulating food.

CASE OF FUNGUS HÆMATODES.

Sarah W., æt. 39, married 21 years. Between fifteen and sixteen years ago she noticed a tumor growing behind the lobe of the ear, which was about the size of a large pea, appearing to be loose under the skin; it grew for the space of a year, attaining the size of a blue-bird's egg, and at this point it remained stationary for five years, when it began to grow again till it got to be the size of a walnut, when it stopped again until ten months ago, when it again began to enlarge, having increased steadily from the size of a walnut to its present dimensions, about the size of a man's fist.

A portion of the tumor is situated behind the ear, a considerable portion is in front and below, and it extends about as high as the zygomatic process of the temporal bone. It involves the lower part of the ear, the lobe appearing to be buried in it. It is twelve inches in circumference, and the surface of the tumor

is distinctly lobulated, and some of the lobules are very red, the skin being evidently in a state of inflammation, probably in consequence of the degree of tension which the tumor exercises upon it, and at one point there is a fluctuation and a little opening, from which exudes a bloody fluid. In front, there is much congestion, with some discoloration of the integuments.

The tumor extends some distance below the jaw into the neck, and is very firmly attached. It presents various degrees of resistance, in some places being hard, and in others quite soft, and in two places fluctuating. There is not much pain at present; but, before the discharge commenced, it was at times extremely painful.

The tumor, doubtless, extends deep down in front of the ear between it and the angle of the jaw, perhaps pressing very firmly on the parotid gland, which, in all probability, has become atrophied from the pressure which has been exerted upon it.

The patient is stout, weighing over two hundred pounds, but she looks somewhat anæmic, and presents that peculiar expression denominated the carcinomatous cachexia. Her appetite is good, and she sleeps well at night; the catamenia are regular, as also are the bowels. She has not lost flesh, and feels strong.

This is evidently a case of encephaloid, fungus hæmatodes, or soft cancer.

Whether the disease began, fifteen years ago, in a little gland behind the ear, in accordance with the patient's description of the case, is rather doubtful. Such a tumor may have existed, but it could not have been of this malignancy at that time. Dr. Gross has never known a case of encephaloid to run on anything like that length of time. It may have been originally only a diseased lymphatic gland, and this remaining stationary the morbid action being kept in abeyance, and afterward, from some cause, it may have taken morbid action, going on for a certain period, and then again remaining quiet, until some cause imparted to it a new activity, in which it has become malignant.

It is not improbable that, when a structure happens to be the seat of disease for a long period, it may ultimately become the seat of heterologous formations.

Of course, the treatment of this case will be palliative, being beyond the reach of surgical benefit.

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Fatal Hemorrhage from the Vertebral Artery occurred recently in a case which was lately presented at the Surgical Society of Paris. The cause of the lesion was caries of the transverse processes of some of the cervical vertebræ.

Incubation of Hydrophobia—An Italian medical journal reports two cases of rabies, the incubation of the first of which was five months, and the second fourteen months.

EDITORIAL DEPARTMENT.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 13, 1861.

DWELLINGS FOR THE POOR.

Miss Burdett Coutts, of England, and the late Abbott Lawrence, of Boston, Mass., have given a practical direction to benevolence, in their efforts to improve the dwellings of the poor. Miss Coutts is wisely, during her lifetime, expending a portion of her immense wealth in erecting tenement houses, to which are applied the principles of modern sanitary science, and which are rented at low rates to the laboring classes. By his will, the late Mr. Lawrence left $50,000 to be applied to the same purpose.

This, we have said, is giving a practical direction to benevolence. But there is no necessity of its being benevolence, in the ordinary acceptation of the term, for it has been proved, again and again, that buildings, with all the modern sanitary improvements, can be erected for the laboring classes, and yield, in moderate rents, a fair per centage on the outlay. Such has been the experience of the London societies for improving the dwellings of the industrious classes, and of other companies and individuals who have devoted their attention to this matter.

It is surprising that this age of benevolence and care for the poor, has done so little to improve their *modes of living*. Charity seeks out the outcast, the suffering, the sick, and the dying, in the most revolting localities. The dark, dank cellar, and the cold, cheerless garret, are lighted up by the sympathising countenances of angels of mercy; but they thus pass on, from garret to cellar and cellar to garret, scattering blessings, it is true, but taking it for granted that the poor must live in this manner, yet bestowing no thought on an improvement in their methods of living, and the effect it would have on their health and morals. But just here is one of the largest fields for the exercise of practical benevolence—a benevolence that would ultimately return a large pecuniary compensation, not only to individuals, but to the community likewise.

The lives and health of their laboring classes constitute an important part of the capital of our cities. What would millions of money be without labor? Where would be the commerce of New York, or the manufacturing interest of Philadelphia, without brawny arms, hard hands, and robust frames, to develop them? Like money, labor must be active to be remunerative. Life must not be prematurely cut off, nor must time and energy be wasted by sickness. A sick person, instead of being a producer, becomes a consumer; and in proportion to the number of its population who are incapacitated by sickness, vice, or idleness, from being producers, is a community impoverished.

Hence the importance of improving the condition of the dwelling-houses of the laboring classes. A large part of the laboring population of our cities live under sanitary influences that tend to a physical and moral degradation, which incapacitates them from contributing their per centage to the stock of interest accruing from labor. They live in houses—God save the mark!—planned by avaricious landlords, whose sole thought and aim is to get as much interest money as possible out of the investment they make in brick and mortar. Life, health, morals, tears, and blood,—what are they, weighed in the balances against ten, twelve, fifteen per cent. interest? Our merchants and manufacturers, our city governments may not know it, but avaricious landlords are preying at a fearful rate upon their incomes. The vile dwellings occupied by a large proportion of our laboring classes, tend to foster intemperance, vice, and their concomitant diseases, to shorten life, and incapacitate their occupants from laboring to advantage while they do live. The denizens of the purlieus of Bedford street or the Five Points, of Pine alley or Rotten row, do not contribute their quota to the wealth of our cities. On the contrary, a large proportion of them work but little, and that to little purpose, and are familiar with all our public corrective and charitable institutions.

The great fire of London was a sad present calamity, but its ultimate effect was greatly to improve the dwellings of a large proportion of the inhabitants of a city, destined to be one of the largest in the world, and thus benefit, incalculably, the generations that have since inhabited it. And there are portions of our large cities now, which, could they be cleansed by fire, and rebuilt with a better class of houses, though the present loss and suffering might be great, future generations would alike be benefited.

In view of the desultory reasons given above, and of others that might be adduced, we hail with pleasure any effort made to improve the dwellings of our laboring classes. The executors of Mr. Lawrence's will have decided upon the following plan for the model dwelling houses which it provides for. The description is very meagre and unsatisfactory, still, we give it as a stimulus to thought on the subject:

"Each building will be nearly rectangular, forty-one feet wide by sixty-three feet long, four stories high, with French roof, built of brick, with freestone dressings. The building will be so located on the lot as to admit of drive-ways upon all sides, thereby giving an abundance of light and air to all the tenements. There will be four tenements upon each of the five floors, arranged with four rooms for each tenement, with closets, such as water closet, store closet, coal and wood closet, and clothes presses. Each tenement is entirely separated from the other tenements by brick partition walls. The entrance hall or street passage is in the centre, longitudinally, and runs quite through the building, with a rotunda in the centre, sixteen feet in diameter, in which are placed upon either side of the hall passage a flight of cast iron stairs. The hall passage, as well as the walls of the rotunda, are built of brick, and the floors are built with brick throughout, rendering the entrances, from bottom to top, nearly fireproof. In the basement will be arranged a store cellar for each tenement, and a public bath-room. All the rooms will be amply lighted and ventilated."

The following extract shows the influence of proper sanitary regulations in reducing the amount of sickness and mortality:

"Edwin Chadwick, Esq., of London, recently delivered an address on this subject, in which he stated that in several districts known to him, by a proper drainage within the houses, and the use of water led into them by pipes,

the death rate had been reduced one-third annually. He said, 'I know one instance, in an agricultural district, and with laborers alone, where the death rate has been reduced to less than one-half, and within twelve in a thousand. From common lodging houses, the enforcement, through the police, of sanitary regulations, typhus and diarrhœa, as epidemics, (whilst prevalent among the houses of the laboring classes,) are banished. In our well-regulated district institutions for pauper children, those epidemic visitations which ravage the children of the families of working men are almost unknown, and the death rate is reduced to one-third that prevailing amongst their children. The death rate among British soldiers used to be 17.5 per 1,000 annually; now, by sanitary reforms, it is reduced to 4.7 per 1,000.'

"The city of Liverpool, in England, used to be one of the most sickly in the world, but owing to the scientific sanitary measures which have been carried out in it during the last few years it has become one of the most healthy. During the past ten years there has been a reduction of thirty per cent. in the mortality bills. This, certainly, is a very important subject, and yet it is very difficult to excite the public mind to give it proper attention."

SPIRIT OF THE MEDICAL PRESS.

The following editorial remarks in the Nashville *Journal of Medicine*, for April, so exactly represent our own feelings in regard to the American Medical Association, that we reproduce them entire, thankful that so able and influential a member of the editorial corps unites his voice with ours in the expression of such sentiments:

"*American Medical Association.*—Some power—some great moral force—to sustain and encourage the good, and rebuke and confound the bad, is an absolute necessity in every form of government, whether that government be instituted for the regulation of the affairs of an empire or those of a profession. It was reserved for American physicians to become the originators of such a governing force for the regulation, development, and honor of their profession. A grand representative body, meeting every year, and representing every interest pertaining to the entire domain of medicine. There is not an honorable, scientific physician in America but must feel that he owes it to himself to exert his entire influence to sustain this government of his profession. There is no connection between medicine and state, and politics have never exerted any influence upon the former. It can never become sectional—it never *was* sectional. It is alone bounded by the confines of sin and misery. Its great and good professors lived through the convulsions of revolutions baptized in blood, without considering such political metamorphoses of sufficient importance to speck their immortal pages by a bare allusion. Sydenham wrote and practised during the troubles of the Cromwellian revolution, but nowhere even incidentally alludes to them. When London, the city of his residence, was almost destroyed by the great fire of 1666, although an event afterward noticed as exerting a favorable influence upon its diseases, the great master leaves this physical, with the religious and political revolutions of his time, uncommemorated by a word. He, whatever his works as a man, as a physician, lived and moved and had his medical being in an upper and purer atmosphere.

"Now, while American physicians are likewise men, after the manner of men, as such, they must have their political prejudices and animosities. These privileges are their inheritance. But the lofty among them, the moment they assume the physician, will clothe themselves in his pure and unsullied habiliments, and overlooking in their elevation every line and landmark drawn by the political diplomatist to separate his suffering fellow-mortals into distinct empires, kingdoms, states, or principalities, feel that their mission is to mankind, whose elements are as inseparable from each other as they are inseparable from Jehovah.

"The founders of the American Medical Association were wise enough to foresee the metamorphoses of nations upon this continent, and in establishing a government for its profession of medicine, placed it above the reach of revolution. There is nothing *national* in the Association. It was designed for America with its one or one hundred nations. It is not the Medical Association of the United States;—not at all. It is the American Medical Association. We have seen the profession of Canada represented in it, and hope to see members from Central and South America raising their voices in it for the general good. It could constitutionally hold its meetings in Vera Cruz, Montreal, or Havana, as well as in Charleston or New York, and would do so upon invitation. We hope to see a large meeting at Chicago in June next. The Garden City can accommodate all that go. Let every physician of America, from ocean to ocean, and from the Gulf of Mexico to the north pole, feel that—

"'No pent up Utica bounds his view,'

and that he owes it to his profession to stir up the members of his local medical society, to see to it that a full representation shall be had."

"Summary of Medical Sciences."—We would call attention to the advertisement of this work. It is one which should receive the support of the profession. Hitherto we have depended on the republication of English summaries to meet this want. There is no good reason why a work of this kind should not be supported in this country, and if Mr. Evans will persevere in his efforts, and they are well directed, we predict for him a hearty support. When the work is issued we will announce it, and hope that our readers will send for a copy and examine it for themselves.

Correspondence.

A NEW TITLE—NOT A NEW "DEGREE."

Messrs. Editors:—In looking over the pages of your excellent Reporter, we are not a little gratified in seeing the subject of a new title, (improperly, in our opinion, denominated the "new degree," as there can be no degree, properly speaking, above that of Doctor of Medicine, no matter by what body conferred,) or rather a means effectually to prevent the impositions of ignorant quacks upon an unprotected and often too credulous public, discussed through its columns with so much *vim* and interest. It is a subject well worthy the attention of the profession, especially as quackery has acquired such fearful proportions, and is making so much havoc of human life and health; and we hope these investigations will not be relinquished until some permanent good is secured both to the profession and to the public.

That some means, if any, can be devised, by which the public mind can be set right in relation to a matter of such vital interest, or be taught to distinguish between the true physician—the educated, scientific practitioner, and the empiric, or uneducated, and oftener unprincipled charlatan, is a *desideratum*—"a consummation devoutly to be wished," no one, we think, will for a moment question. We are compelled to differ in some respects from those who have given expression to their sentiments upon the subject. We cannot conceive how any such benefit is to result from a mere change of title, especially for one possessing no advantages over, and no less easily assumed than our old time-honored and much revered M.D., which has distinguished the regular profession of medicine in all lands from outside pretenders from time immemorial. The former would be *national*, it is true, but the latter is *cosmopolitan*.

The author of a short article, over the signature of "U.," in a recent number of the Reporter, says:

"A title or a degree can be conferred upon the scientific practitioner of medicine, which shall in any land distinguish him from the imposter. Let us then have a national degree," etc., and suggests that the present M.D. be retained with the addition of N.L., (National Licentiate.) Now, we are not going to dispute that this may be so, but we would like to have "U." or some one else explain, not so much how the title can be conferred, but how it will distinguish him as the one to be employed, from another who professes to belong to a "*new and improved school*," and whose N.L. is supposed to have been derived from an equally intelligent authoritative body? Certainly the additional title of N.L. can be as readily assumed by outsiders as that of M.D., and the real disciples of genuine medicine as easily imitated in this as heretofore in the use of M.D., and with the credulous public, these, to them meaningless characters, will have as much weight applied to the one class as to the other. Other "schools," as they are called, whether "new" or old, "improved" or unimproved, may form national societies, and the homœpaths, (meager though it may be,) already have one, corresponding to our A. M. A., and how soon may we not expect, judging from the past, to be imitated in any and every such manœuvre.

The same remarks will, of course, apply, and with equal reason, to the title of M. A. M. A., (Member American Medical Association.)

The present difficulty, we opine, does not consist in any failure of the old title fairly to represent him who has faithfully and honorably acquired it, or in any impression that it implies less now than heretofore, but in its misapplication, together with a want of appreciation of its real signification. Also, the habit or custom in our country of each or all assuming to be judges for themselves as to what medicine is, is a source of much mischief.

Again, admitting that M. D. N. L. or M. A. M. A. could not be assumed, or that communities could not be deceived into any other belief than that these characters were invariably the just and merited reward of years of mental discipline and toil, and hence, the true index of the genuine medical man, the plan would, almost necessarily occasionally result in awarding the unworthy—the hypocrite—with the new title, as many of the advocates of the so-called improved systems are well posted in medicine proper and are practising what they know to be a fraud in every sugar pellet they exhibit; but for whose influence, regardless of truth for the sake of lucre, and professing homœopathy while acting "allopathically," on any occasion to suit the tastes of their patrons, or it may be, in some instances, to reconcile their own consciences (if, indeed, they have any,) with the evidently approaching, dreaded dissolution of

their patients, should such submit themselves to the tests prescribed, unless the question as to whether the candidate has any homœopathic, hydropathic, electropathic, or any other pathic proclivities, was raised; and then a negative answer of the disguised "homeo," or other "path," would be equally as consistent as the trifling system he intends to practice, and he would have no more scruples in practicing the one falsehood than the other.

Now, it is true, we may be given to dullness of perception, or mental obtuseness, but really it seems to us that in order to secure the object contemplated in this, and the articles herein referred to, it is necessary that the heart of the profession be improved, the public mind instructed, and popular opinion corrected; the latter of which can only be accomplished by wise legislation. Then let the people in their sovereign capacity declare by judicious legislative enactments, that for any individual, under the pretence of being a physician or what not, to be found guilty of dealing out drugs, of which he knows nothing, or without authority—thus tampering with human life by attempting to rectify, when disordered, the intricate machinery which he as little understands, upon which it depends, is equally, if not more, criminal than frauds practiced elsewhere, and deserving of a penalty not less severe than that for manslaughter.

We have made the above suggestions out of no disrespect to any opinions expressed, but for the purpose of developing an important subject and eliciting further discussion.

LETTER FROM DR. COHEN.

Philadelphia, April 10, 1861.

Messrs. Editors:—I have just been shown in one of the secular papers an article copied from the *Maryland College Journal*, stating that your informant is in error regarding the habit of Baltimore druggists of dispensing Magendie's strong solution of morphia, unless the letters U. S. are attached to the prescription, as stated in the editorial column of page 71, Vol V., No. 3, of the Reporter.

The occurrence took place exactly as stated. The druggist has one of the principal and fashionable establishments on the principal street, but I refrain from doing him any injury by mentioning his name, inasmuch, as I trust that the remarks I made to him at the time, have induced him to be more circumspect.

He had not the officinal solution in his store, and made up in my presence, and at my request, by diluting the strong solution, one of equal strength, which I administered, and the proprietor himself told me, in the presence of Mr. S. N. Carvalho, of that city, that "it was not customary to keep the officinal solution on hand, and that the other was always dispensed unless the prescription read *liq. morp. sulph.* U. S., and that this was the general custom with all Baltimore druggists."

As the gentleman, who was with me, was the one who "escaped poisoning," his memory will be deemed sufficiently reliable to testify that "your informant is *not* in error."

Respectfully,

J. Solis Cohen.

NEWS AND MISCELLANY.

Jews' Hospital of New York.—The sixth annual report of the directors of this institution has just been published.

The medical and surgical staff consists of Drs. Valentine Mott, Willard Parker, and Thos. M. Markoe as consulting surgeons: the attending physicians and surgeons being Drs. A. B. Mott, Israel Moses, Ernst Krakowizer, B. W. McCready, E. Schilling, A. Jacobi, and A. J. Henriquez.

Dr. S. Teller is the house physician and surgeon.

Among the operations performed the last year, were resection of the knee-joint, extirpation of the mammary gland for strangulated hernia, forcible extension of pseudo-anchylosed elbow, sequestrotomia, and the usual variety of operations on the eye, anus, etc. etc.

The hospital report proper, as prepared by Dr. S. Teller, is one of the most elaborately tabulated we have ever seen, the changes being rung on the cases, their history, treatment, result, etc., in more than twenty different forms, showing an ingenuity which, while it excites in us a feeling of regret that so much labor should have been deemed necessary, cannot fail to gratify, in some of its varieties, the taste of the most fastidious.

The per centage of deaths is stated as a fraction over seven per cent., which is claimed to be four per cent. less than that of the other hospitals.

This may be accounted for, we presume, by the comparative superiority of accommodation, and probably to their not having received the usual proportion of malignant diseases, as sectarian establishments generally take care of their sick before they are as far gone as many who seek the charity of public institutions.

Of acute cases the past year, were admitted 149, of whom 4 died; of 79 cases of chronic disease, 3 died; of 31 incurable cases, 16 died. The list of incurables includes amaurosis, carcinoma of liver, of stomach, of womb; phthisis, diabetes, organic diseases of the heart, hepatic enlargement, encephalomalacia, hemiplegia,

melancholia, myelitis, tabes dorsalis, and, of course, irremediable *old age*.

The *Jews' Hospital* is situate on Twenty-eighth street, and is conveniently and thoroughly appointed. The wards are kept scrupulously clean, and are provided with separate appurtenances attached to each ward for purposes of bathing and cleanliness.

The institution has been open six years. It is intended solely for the relief of Jews, and, though a number of the contributors are members of a different faith, they are allowed no part in the management. The house physician, the superintendent, and most of the assistants are Jews, and their own ministers in turn have charge of the spiritual welfare of the inmates in their periodical visits to the hospital. One room in the hospital is devoted to divine worship, and is provided with a reading desk, an ark enclosing scrolls of parchment containing their law, the books of Moses, inscribed in Hebrew characters, and their service is rendered in Hebrew as in all Jewish synagogues.

In accordance with the injunctions of the Hebrew law-giver, no prohibited food (see Leviticus, chap. xi.) is permitted within the walls. Thus everything is conducted in strict accordance with their ancient customs, in conformance to some of the curious dogmas of which prohibiting "mutilation of the dead," they do not, except under rare circumstances, allow investigations by examination post-mortem, thereby depriving the medical attendants of their only source of satisfaction in doubtful diagnosis.

At a recent banquet and ball given by the directors for the benefit of the hospital, they realized, as per statement in their report, the handsome sum of $9,800.

The hospital is supported by private subscription and donations, some of which have been of most princely character.

The New Pathological Museums.—The pathological museum of the Pennsylvania Hospital is making satisfactory progress, and although but recently commenced, contains many specimens of value. The manner in which the preparing and mounting of the articles has been done is evidence of the skill and industry of the curator. At the Philadelphia Hospital a large amount of pathological material has been collected, and temporarily preserved until a proper hall for its display is constructed.

These museums will soon become highly important points of medical interest and utility, and should receive the fostering care of the managers of the institutions in which they are located, and the especial interest of the medical profession of Philadelphia. They will be the recipients of pathological specimens which often occur to practitioners, and which have heretofore not been cared for, and of many which, isolated in private cabinets, have intrinsically little value, but which, arranged with their analogues in a large museum, are objects of great interest.

Such articles may be sent to Dr. Morton, Curator of the Pathological Museum of the Pennsylvania Hospital, or to Dr. Agnew of that of the Philadelphia Hospital.

Philadelphia Hospital.—The following gentlemen, who were elected Resident Physicians of the Hospital, entered on their duties on the 1st instant: Drs. M. H. Picot, of Philadelphia; J. M. Leete, of Mississippi; G. M. McGill, of New Jersey; H. Allen, of Philadelphia.

Jefferson Medical College.—At a meeting of the Board of Trustees of this institution, held on Monday last, Dr. William V. Keating was elected Professor of Obstetrics in place of Professor Chas. D. Meigs, resigned.

The editors of the Cincinnati *Lancet and Observer* present their readers with a fine steel engraved likeness of the late Dr. Phillip Syng Physic, in their April number.

Astea Requent Mentes.—Two British insane asylums have each a journal edited by the inmates. The titles are the *New Moon* and the *York Star*.

Erratum.—In our last number, an error occurred in Dr. Agnew's article in transposing the illustrative cuts. Readers are requested to turn to that number and make a note of the error. The cuts are on pages 4 and 5.

MARRIED.

Barr—Nichols.—On April 4, 1861, at Sterling Hall, Columbus, O., by the Rev. Warren Jenkins, R. N. Barr, M. D., Demonstrator of Anatomy in Sterling Medical College, and Miss Frances, daughter of the late Rev. H. M. Nichols, of Middlebury, Vermont.

DIED.

Lewis.—On March 26th, at Eatontown, Ocean township, N. J., John P. Lewis, M. D, aged 72

Dr. Lewis was born on the Highlands of the Navesink, in the town of Middletown, N. J., on the 1st of October, 1788, where he remained with his parents till the age of seven years, when, being adopted by a maternal aunt, he removed to Shelburn, Nova Scotia, where he remained, enjoying the benefits of a classical school of high reputation, until he attained the age of fifteen years, when, his friend and relative dying, he returned to his native State, and continued the prosecution of his studies under the instruction of the late John Woodhull, D.D., pastor of the old Tennant Church, Freehold, Monmouth county, New Jersey. In this connection he remained until he attained such proficiency in his classical and scientific studies as were, at that time, deemed amply sufficient for a successful prosecution of the medical profession. After completing his preparatory studies, he placed himself under the instruction of Dr. Aaron Pitney, of Mon-

mouth county, one of the most able and successful surgeons of the age. At the same time, he attended, during the winter season, the lectures of Drs. Hoosack and Post, professors in the Medical Department of Columbia College, N. Y., also receiving from those eminent physicians private instruction, in company with the late Dr. Francis, whose confidence and friendship he enjoyed through life. The well-remembered difficulties which arose at that time in Columbia, in reference to the limitation of the charter to academic degrees, delayed the conferring the degree of M.D. for two years, until 1812, not only in his own case, but many others of his fellow-students. He presented himself to the Medical Society of New Jersey for examination, in 1810, and was immediately admitted to practice, which he commenced at Manasquan, where he remained till the summer of 1811, when he removed to Eatontown, where he successfully continued his practice until a few weeks before his death. In 1848 he was attacked with stubborn diarrhœa, which soon assumed chronic form, and continued at intervals until its fatal termination.

As a successful practitioner Dr. Lewis attained an enviable reputation, evidenced from the large concourse of people who assembled from different parts of the county to offer the last tribute of respect to his remains.

As a surgeon, he excelled. He was feeling, bold, careful, and, at the same time, guided with an increasing knowledge and discriminating judgment. As long as his physical powers sustained him, he was a careful student in his profession; treasuring the new discoveries in medical science, and incorporating them into his wide and daily practice; they were not, with him, mere experiments to verify his newly acquired discoveries, but intelligent principles pointing to ultimate success. Nor were his academical and scientific acquirements of a low standard; no physician has done more, perhaps, in bringing forward young men, and preparing them for usefulness in his profession, than Dr. Lewis. His kind and courteous manners won for him the respect and esteem of the young men who enjoyed his instruction.

Dr. Lewis was remarkable for his benevolence, being for many years the presiding officer of the oldest benevolent institution, (Christianity excepted.) The calls upon his kindness were frequent, and always supplied. This feature of his character was verified to the last, in canceling all pecuniary obligations which afforded any grounds for causing pain and distress when he should have passed away, and, from the nature of his practice, these were not few.

This benevolent disposition was sanctified by the charity of the Gospel. During his residence at Shelburn, Nova Scotia, his adopted mother, being a consistent Christian, took care that her foster-child should enjoy the privilege of the church, and presented him for holy baptism. This had its legitimate effect, and so fastened his mind on this great event of his life, that he often spoke of it as an admonition, which developed and terminated in the full and unequivocal recognition of the Christian faith, and confession of his Saviour, not only in word, but in spirit, and the participation of the communion of His Body and Blood.

Answers to Correspondents.

M. J.—Pulvermacher's battery, as improved by Hackley, is made by Mr. Kolbé, surgical instrument maker.

W. D. says that he has used the leaves of the castor-oil plant for increasing the secretion of milk, and desires to know whether any pharmaceutist has prepared the remedy in a convenient form for administration.

Licentiate.—The peculiar professional and social position of the Medical Assistant does not exist in this country as in Great Britain.

W.—You would not gain entrance for the purpose of testing your "cure" in any respectable hospital in this country. Go to Paris with it, create a sensation by making prodigious claims and a loud noise, and you will be permitted to do what you choose.

McClenachan, surgical bandage maker. requests us to say that the radical-cure truss, about which a correspondent lately inquired, is not as we stated, a simple hard-pad truss, but that, peculiarly formed, both hard and soft pads are essential.

A. B. writes a letter to say that he thinks that the dress of the members of the medical profession should be characteristic, so as to be readily recognized. In this opinion we differ from him, and think that they who would endeavor to distinguish themselves by outward trappings would be found to be those whose inward qualifications were most deficient. There is a certain propriety of dress which characterizes the higher classes of the profession in all enlightened communities. It is not necessary that a physician should present the appearance of a well-starched, high-church parson, or be dressed in the funereal sombre of a fashionable undertaker; but slovenly wearing apparel is as great an evil.

M. D.—No depilatory will prevent the hair from growing again, unless it be of such caustic character as will destroy the skin.

———o———

COMMUNICATIONS RECEIVED.

Connecticut—Dr. J. C. Jackson; Dr. J. Prior, with encl.; Dr. J. King; Dr. D. Calkins; Dr. G. H. Preston; Dr. N. G Hall; Dr. L. Gaynor, with encl.; Dr. W. Woodbridge; Dr. H. W. Ellsworth. *Illinois*—Dr W. McKnight, with encl.; Dr. A. T. Baker, with encl.; Dr. B. Woodward, with encl. *Indiana*—Dr. J. R. Mills, with encl. *Iowa*—Dr. T. Shriner, with encl.; Dr. A. C. Taylor, with encl.; Dr. G. M. Staples, with encl.; Dr. W. F. Potter, with encl. *Massachusetts*—Dr. H. H. Mitchell. *Michigan*—Dr. L. D. Tompkins. *Maryland*—Dr. H. B. Wilson. *New Jersey*—Dr. C. V. Moore, with encl.; Dr. J. Grigg; Dr. F. A. Cutter; Dr. S. R. Forman, with encl. *New York*—Dr. R. Ormiston, with encl; Dr. J. S. Evans; Dr. J. Malone; Dr. S. F. Mixer, with encl; Dr. C V. Barnett, with encl.; Dr. L. A. Sayre, with encl.; Dr. W. N. Hubbs, with encl.; Dr. W. K. Gleason, with encl.; Dr. M. Bevier, with encl.; Dr. P. Moulton, with encl.; Dr. C. H. Porter; Dr. H. Townsend, with encl. *North Carolina*—Drs. Patterson & Stewart, with encl.; Dr. W. H. Battle, with encl. Dr. D. F. Holcomb, with encl. *Ohio*—Drs. McBean & Sharp; with encl.; Dr. S. B. Hiner; Dr. T. McG. Ebright, with encl., Dr. A. H. Hewetson, with encl.; Dr. A. H. Baker; Dr. K. G; Thomas; Dr. J. D. Skilling, with encl.; Dr. A. C. Barlow, with encl.; Dr. S. Bonner, with encl.; Dr. J. E. Steinreide. *Pennsylvania*—Dr. F. W. Vandersloot, with encl.; Dr. J. S. Ramsey, with encl.; Dr. A. P. Dutcher; Dr. F. Hinkle, with encl.; Dr. R. E. Armstrong, with encl.; Dr. R. B. Brown, with encl.; Dr. W. B Erdman, with encl.; Dr. S. Pollock, with encl.; Dr. W. W. Wick, with encl.; Dr. P. S. Leisenring, with encl.; Dr. J. H. Wilson; Dr. W. Voss, with encl.; Dr. J. V. Epler; Dr. W. C. Shurlock, with encl.; Dr. W. J. McKennon: Dr. A. F. Illig, with encl.; Dr. J. Fulton, with encl; Dr. H. O. Witman, with encl.; Dr. T. H. Elliott, with encl.; Dr. A. Y. Shelley, with encl.; Dr. H. H. Riegel, with encl.; Dr. H. F. Martin, with encl.; Dr. W. S. Harsh, with encl.; Dr. H. Brubaker, with encl; Dr. D. D. Miller, with encl.; Dr. C. A. Shoemaker, with encl.; Dr. J. R. Thomas, with encl. *Rhode Island*—Dr. E. M. Snow. *Tennessee*—Dr. J. E. Reveley; Dr. D. Thompson, with encl.; Dr. A. J. Weldon, with encl. *Vermont*—Dr. L. B. Irish. *Wisconsin*—Dr. J. T. Reeve, with encl. *Washington, D. C.*—Dr. T. Hansman, with encl.

Office Payments.—Dr. S. Young, Pa.; Dr. W. Taylor, Pa.; Dr. D. W. Hoover, Pa.; Dr. J. K. Uhler, Pa.; Dr. S. C. Huston; Dr. C. W. Backhus, Pa.; Dr. J. F. Zacharias, Md; Dr. J. Bacr, Md.; Dr. F. V. Vanartsdalen, Pa.; Dr. G. R. Robbins, N. J.; Dr. B. M. Collins, Pa.; Dr. J. B. Irwin, N. J. By Mr. Hulme: Dr. A. J. M'Kelway, N. J., and Dr. Saml. Fisler, N. J. By Mr. Swain: Drs. Budlong, Gardiner, and R. H. Dutton, [adv.]

May 1 25

B. FRANK PALMER,

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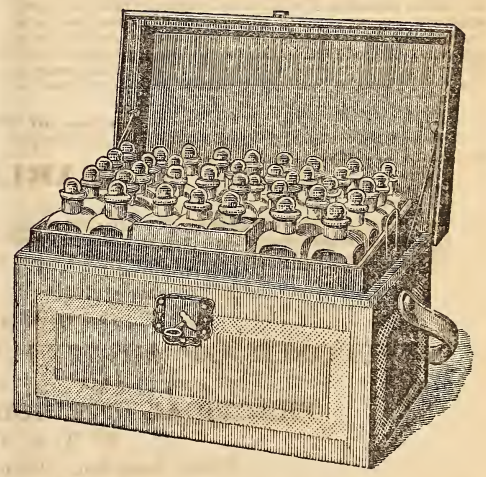

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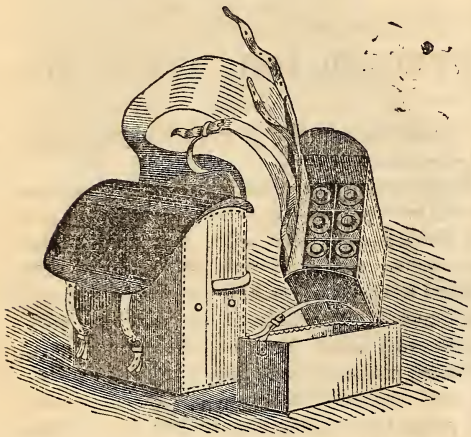

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 235. } PHILADELPHIA, APRIL 20, 1861. { NEW SERIES, VOL. VI. NO. 3.

ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Apoplexy, Delivered at the Pennsylvania Hospital, April 3, 1861,

By Francis G. Smith, M.D.,
Attending Physician.

I desire to call your attention to a case which came into the house a few days ago, and died last night, and on which a post-mortem examination was made early this morning.

J—— W———, aged fifty-four, was brought to the hospital on the first day of April in an apparently apoplectic condition.

He was a short, corpulent man, and on one or two previous occasions during the last four years had suffered from slight attacks similar to that of which he died, but they had all passed off in an hour or two.

On the day in question, on going to his ordinary work, which is that of a shoemaker, he had fallen in the street, and a friend being close at hand, he was brought to the hospital within an hour or two after, and the following notes were made by Dr. Lee, the resident physician:

On careful examination, both sides of his body were found partially paralyzed, the left more than the right; the mouth and face were drawn to the right side; the right pupil was somewhat contracted and movable; the left pupil was sluggish; the pulse beat eighty-four in the minute, full and tense; and the breathing was somewhat stertorous. He was only partially comatose, as he could be roused by calling loudly in his ear.

His treatment consisted in the application of five dry, and three cut cups to the nape of the neck, to be followed by a large blister if necessary; cold cloths were applied to the head, and a stimulating injection of turpentine and castor oil was administered.

In the evening the stertorous respiration was on the increase, and the head symptoms had not diminished. The pulse was feebler, and the extremities a little cool. Six dry cups were applied to the temples, and the blister was applied, and he was ordered an ounce of milk punch every hour; he passed the night quietly. The next morning found him even more lethargic and comatose than on the day previous; his pulse beat eighty-four to the minute, was weaker, and the coma was evidently deepening. At this time he could not swallow, and with great difficulty could be aroused from his coma; he was otherwise the same, except that there was some more heat of skin. He was ordered three cut cups upon the temple, and as the injection the day before had not produced any effect, one drop of croton oil was placed on his tongue.

At 6 o'clock P. M., of the same day, the stertor was reported much worse than before; he was then totally unable to swallow; the left pupil was well dilated, while that of the right eye was contracted to a marked degree; the coma was evidently increasing too rapidly to last much longer.

At 8 o'clock of the same evening he died.

At 6 A. M., the following morning, a post-mortem examination was made. The rigor mortis was well marked. There was no external contusion on the scalp, or upon any other portion of the body.

The lungs were normal; the heart was rather small, and loaded with fat, the auricular walls being somewhat hypertrophied; no lesion of any kind was found in either ventricle.

Upon removing the calvaria, between six and eight ounces of blood escaped from beneath the membranes; the dura mater was inflamed and thickened on the right side and at the middle, and completely adherent to the calvaria. The brain was normal in size and weight, and

much softened; from the right ventricle a large quantity of bloody serum escaped, and in the left there was a large amount of coagulated blood. An interesting point in the case, when taken in connection with the paralysis which existed on the same side of the body.

You will doubtless remember that when a man has a clot of blood effused into the right side of the brain, you will ordinarily meet with the paralysis in the opposite side of the body; and in the great majority of instances this is the case.

It does sometimes happen, however, in exceptional cases, possibly owing to the non-decussation of some of the motor fibres, that when the lesion occurs on one side of the brain, the paralysis is found on the same side of the body.

This is the interesting point connected with this case.

There was paralysis of both sides of this man's body, but much more marked upon the left side than it was upon the right.

A considerable amount of bloody serum was effused into the right ventricle, probably in the rupture that took place, by which the blood was poured out into the left ventricle, it may have broken down the septum lucidum, and a large quantity thus allowed to escape into the opposite ventricle.

This extravasation of blood explains the course, and all the symptoms of apoplexy which are so characteristic; it explains, also, the paralysis, and explains the great oppression of the nervous force as manifested from the beginning.

The case is therefore an illustration of a disease of the nervous system of an important character, to which the name of apoplexy is given from the Greek word Αποπληζια, (fr. απο *intens*, and πληγσω, *to strike*,) because it often manifests itself with much suddenness, as if from the effects of a blow, the patient being knocked down by the violence of the attack.

When the patient came into the house, he presented the unconsciousness and paralysis, the slow labored breathing, the slow and labored pulse, and all the other symptoms which are so characteristic of an apoplectic seizure, and to which I have already called your attention

There were one or two symptoms to which I would briefly advert, to wit: the peculiar, stertorous, or snoring respiration, with the flapping of the cheek, and the disposition to yawn constantly.

This stertorous respiration is produced by the paralysis of the velum pendulum, which lying loosely toward the entrance of the respiratory organs is thrown into vibration by every inspiratory and expiratory effort.

This peculiar flapping of the cheeks is also produced by torpor of the buccinator muscles, and is a sign of grave omen; and also the sighing and yawning which evidence great depression of the respiratory powers, and indicate the efforts to take larger amount of atmospheric air into the lungs at each movement, in order to make up for the deficiency in their number.

When a patient is thus struck down with apoplexy, he presents these symptoms; loss of sensation, and loss of consciousness *beginning in the brain.*

You doubtless know, that there may be a loss of sensation and of consciousness depending upon other circumstances and beginning in different organs, and not constituting apoplexy. There may be loss of sensation and of consciousness, beginning in the respiratory organs, and constituting what is commonly called asphyxia, but this differs materially from that of apoplexy. We may have loss of consciousness and of sensation beginning in the heart, and constituting what is called in ordinary language syncope; but when we have loss of sensation and consciousness beginning in the brain, and in almost all instances traceable to pressure on that organ, then we call the disease by the name of apoplexy.

If it depends on the presence of an undue amount of blood there, we have symptoms which are usually characteristic, such as flushing of the face and fullness of pulse, generally indicative of a plethoric condition. If it depend upon the sudden effusion of serum, the serous apoplexy, as it is sometimes called, instead of having the flushed face, turgid skin, full and labored pulse, we find a pale face, cool extremities, and symptoms indicative of prostration.

It is important to bear these distinctions in mind, between what is called sanguineous apoplexy, dependant either on the rupture of a vessel in the brain, or upon increased determination of blood to that organ, and consequent congestion, and the other variety known as serous apoplexy.

The treatment pointed out in this case was perhaps justifiable under the circumstances, moderately evacuant and early sustaining, and upon this point I have nothing more to add; but there was a symptom to which I would call your attention, and that is the presence of the

greater paralysis which occurred on the same side of the body as that in which the lesion in the brain occurred.

The paralysis which presented itself was of that variety to which the name of hemiplegia is given, where there is a paralysis of one lateral half of the body, as distinguished from paraplegia, where the paralysis is confined to the upper or lower portion of the body, the other portion remaining intact.

This paralysis may be either complete or incomplete; when it is complete, there is an entire loss both of sensation and of motion; when it is incomplete, there is a partial amount of motion left, and there may also be a certain amount of sensibility, or you may have a paralysis of motion without the loss of sensation: and, indeed, instead of having sensation diminished, it may, under some circumstances, become very much increased.

Therefore do not make the mistake which was made by Galen, of supposing that because there is a paralysis of motion, there must, necessarily, be also, a paralysis of sensation. It was the knowledge of the fact that there may be paralysis of motion, without paralysis of sensation, that led Brown-Sequard to make the discovery that the sensory nerves decussate in the spinal cord rather than in the anterior pyramids where the motor fibres cross.

Another circumstance to be borne in mind, is that you may have hemiplegia without loss of consciousness, or with entire loss of consciousness; there may be hemiplegia with rigidity of the limbs, coming on at the very moment of seizure, and you may have hemiplegia with the rigidity coming on late in the disease, and when apparently convalescence has commenced to take place.

These three varieties of hemiplegia are certainly of very great interest, and worthy of close examination, in order that we may explain how they are brought about. How, in the first place, we may have a paralysis of one-half of the body, with or without loss of consciousness; how there may be paralysis with early rigidity of the muscles; and how to explain paralysis with the rigidity coming on late in the disease.

You are aware that the brain receives a large amount of blood, and that its circulation is so arranged as to enable it to be carried on in case of any accident which may happen in the form of obliteration of one of its vessels; and yet it sometimes happens that a vessel carrying blood to a portion of the brain may become obstructed, when by atheromatous deposit, or by emboli, which are small portions of fibrinous material detached from the margins of the valves of the heart, or its inner surface, and discharged through the vessels until one of these coming to a vessel too small to permit of its being transmitted, blocks it up, and prevents access of blood to the part supplied by it.

Virchow, Kirkes, Tuffnell, and others, think that sometimes these emboli find their way into the vessels of the brain, and blocking up the small twigs carrying blood to the substance of the organ, cut off the supply to that part, in consequence of which atrophy and softening take place. A certain portion of the substance of the brain will then become pulpy, diminished in its consistence, and sometimes reduced almost to the fluidity of cream, and yet, notwithstanding this condition, we find the organ carrying on its function uninterruptedly, until, perhaps, without any apparent cause, and while the patient is in perfect possession of his consciousaess, some of the nerve-fibres part, and paralysis takes place in some certain portion of his body.

Thus there may occur paralysis without loss of consciousness.

Sometimes it happens that this paralysis after a while disappears, not improbably by the reunion of these fibres, which have thus been separated, and by the restoration of their functions, for we know that a nerve may be divided, and the function of a distant part be subsequently renewed in consequence of the union of the divided ends of that separated nerve.

Then there may be *paralysis with loss of consciousness*. This may be produced in this wise. There may exist the same softening of the brain as described, and the vessels distributed through that softened part may fail to receive their normal support, or their coats may undergo some slight amount of atheromatous degeneration, and then, under some slight shock, not only will the nerve fibres be broken, but the walls of the vessels themselves will give way, and a quantity of blood be effused into the softened part, producing pressure on a distant part, and thus destroy consciousness.

When you have complete paralysis, with or without loss of consciousness, the paralyzed limb falls, without offering any resistance; it is perfectly flexible, and there is no difficulty in making passive motion with our own hands.

But there is another variety of hemiphlegia,

in which, with loss of consciousness, there is occasionally rigidity of the limbs thus paralyzed, and this is what occurred in the case before us. It was difficult to move the left arm in consequence of the resistance offered by the rigidity of the biceps muscle, and the triceps in attempting flexion and extension.

When blood is effused into the substance of the brain by the breaking down of the vessels, and a clot forms, it tears up the sound portion of the brain. and sets up an amount of irritation, which develops there what is called, in the language of physical science, an increased tension, or, as Dr. Todd has described it, it developes in that sound substance of the brain an increased polarity and increased amount of nervous irritability, producing, in other words, that condition of the brain substance which we find in the spinal marrow in cases where tetanus takes place. This irritation is reflected to the muscles of the paralyzed side and produces the early rigidity.

It is in this manner I explain to you how you can have paralysis with rigidity coming on early, and you will see that it occurs under different circumstances from those which occur in paralysis without rigidity, either with or without loss of consciousness.

It sometimes happens that paralysis, either with or without loss of consciousness in the first instance, after a long continuance, is followed by a rigidity of the muscles of the paralyzed side.

How shall we account for this?

Dr. Todd, whose views I have already given you, in relation to the other varieties, explained it in this manner. In healing the original wound, an endeaavor is made to form a cicatrix around the injured part, and to diminish the cavity which has been produced by the softening; as this cicatrix forms it has a tendency to contract, and in contracting it draws upon the sound substance of the brain lying on the outside of it, and thus excites irritation, such, as we suppose, as is produced by the extravasation of blood into the substance of the brain in the other instance, giving rise to rigidity later in the disease, and dependent upon the irritation transmitted to the sound substance of the brain by the cicatrix around the original point of injury.

These points are worth remembering, in connection with the treatment to be pursued, and demand a passing notice.

Paralysis without loss of consciousness is what generally occurs in an individual of depressed powers of life, and hence bearing depletion badly.

When, with relaxation of the parts, we note rigidity coming on early, it is an indication that depletion will be better borne, but when there is paralysis, either with or without loss of consciousness, accompanied by late rigidity, it depends on a different state of things and may demand a different plan of treatment.

The first and the last variety of hemiplegia, that of paralysis without loss of consciousness, and that of paralysis with late rigidity, would demand opposite plans of treatment from that of paralysis with early rigidity.

Whenever depletion is to be resorted to at all, it must be confined to those cases where rigidity comes on early, or where a large amount of blood has been effused into the substance of the brain, and has set up irritation by lacerating the sound portion of the organ.

In regard to the explanation of the mode in which softening is produced, I have given the views of Virchow, Tuffnell, and others, that it may be owing to atheromatous deposits or emboli, by means of which the calibre of the tube is diminished.

Paget has also shown that the vessels themselves may undergo a sort of fatty degeneration, in consequence of which their original physiological structure comes to be replaced by an oily material, and when their walls have thus degenerated the slightest strain may cause one of these vessels to give way, and a clot of blood to be effused into the substance of the brain. When patients as old as the present one are attacked by paralysis, the probabilities are that some degeneration of this kind has taken place; either fatty degeneration of the walls of the vessels in the interior of the brain, or some atheromatous deposit, by which not only their calibre is diminished, but their power of resistance also lessened, and then under the slightest exertion, perhaps such as straining at stool, or coughing, or singing, or some similar muscular effort of which we have no history in the present instance, one of these weakened vessels will give way and produce the symptoms already described.

There were no evidences in this brain of inflammation of the membranes, no delirium, and no disturbance of the sensorial functions further than that of suspension, showing that the injury was to be found more in the substance of the brain than on its surface, where the intelligential part of the apparatus more distinctly lies.

COMMUNICATIONS.

Contributions to the Pathology of the Spinal Cord and its Investing Membranes.

Read before the Brooklyn Medico-Chirurgical Society.

By Louis Bauer, M.D.,
Of Brooklyn.

[Continued from Vol. V., p. 703.]

Case 1. Acute spinal meningitis; reflex motion of abdominal muscles; hyperæsthesia of lower extremities.

A healthy and large girl, aged nineteen years, was attacked with scarlatina. The eruption was well established, and the reactive symptoms turbulent. Three days after the exanthema had made its appearance, she was seized with pain in the back, hyperæsthesia in the lower extremities and clonic, painless spasms of the abdominal muscles. The latter were so powerful as sometimes to bend and raise the body from the bed. The pulse was frequent, full and hard; sensorium free. General and local depletion over the spine, with appropriate antiphlogistic remedies subdued the complication within a few days. The exanthema took its ordinary course, and terminated in a copious desquamation.

The case was not pure meningitis. Hyperæsthesia and reflex motion evidently denoted myelitis.

Case 2. Acute meningitis spinalis rheumatica; hyperæsthesia of the lower extremities.

A merchant, aged thirty-eight years, endowed with an excitable nervous system, and frequently subject to rheumatic pain, headache, and tenderness over the back, the last, perhaps, superinduced by constant alvine irregularities, was taken down with rheumatic fever. The most prominent pains were located in the loins. On the fourth day, he complained of painful micturition, which I was inclined to attribute to the abundance of uric acid. The next day hyperæsthesia of the lower extremities set in, and was so intense in the toes as to render the bed covering unbearable. An accidental touch of the toes would send an instantaneous tremor through the limbs. Around the lower portion of his body there was a sensation as if a rope were tightly drawn, and the abdominal muscles were so tense as to render relief by a half-erect posture necessary. During this period of the disease, the pulse ranged from 115 to 130, being large, full, and strong. The skin was profusely perspiring; the urine scanty, and saturated with uric acid and phosphates. There was also some cerebral congestion.

Saline aperients and anti-rheumatics gave no relief. Moderate antiphlogistics, in keeping with the constitutional condition of the patient, terminated the disease favorably: the recovery being accompanied with profuse diuresis.

Case 3. Meningo-myelitis; complete paraplegia for about two years; contraction of extensors of both feet and flexors of toes; recovery; permanance of contractions.

This most interesting case was that of a merchant, aged forty-five years, living in this city. The patient had previously enjoyed unexceptional good health, and, in his own language, never knew a day of sickness. About five years ago, while walking on a ladder, across the hatchway of a vessel, he lost his balance and would have fallen, had he not grasped the ladder with his hands and supported himself in a swinging posture. By violent exertion, he succeeded in throwing one of his legs on the ladder, and in some way sprained his spine, and overtaxed the dorsal muscles. For a few days he felt the effects of this exertion. Whether this was the cause of the subsequent malady is doubtful, from the fact that he remained well for the five succeeding months.

At the end of the five months, the patient felt frequent desire to rest himself, and when seated, had some dislike to rise again. This, however, did not incapacitate him for the ordinary avocations of business. How long this condition of affairs remained, the patient does not remember. His attention was not particularly called to it, until one morning he found himself unable to evacuate his bladder. His physician, one of the most prominent practitioners of New York city, pronounced his trouble inflammation of the bladder. Injections of this organ were thereupon administered, which brought away a great deal of mucous matter! In the meanwhile, the patient assisted his attendant in the diagnosis, by stating that he could not walk with the same facility as heretofore. The disease was then pronounced softening of the chord, and strychnia was administered. A pathologist *par excellence* confirmed the diagnosis, but suggested the propriety of antiphlogistics.

In the course of the disease, the patient experienced one night a severe chill, simultaneously with which rigid and permanent con-

traction of the extensor muscles of the foot, and the flexors of the toes set in. After a protracted attendance, the case was regarded incurable, and the gentleman seen only once in a while.

At the end of the second year, signs of improvement began, which the patient succeeded in promoting by sea-bathing. In the course of six months, volition and sensation returned almost to perfection; the contractions, however, remaining. This change in the aspect of the malady did not exactly correspond with the diagnosis, and it was thought convenient to consider it exudative spinal meningitis. Nature had done so much, that it was thought she might also accomplish the relief of the deformity. But this expectation was doomed to disappointment, for after the lapse of two years and a half, during which time the patient had been consigned to a helpless condition, the contractions remained the same.

By subcutaneous division of all the contracted muscles, I have succeeded in restoring the form and usefulness of one foot; the other will be operated on in a few days, with the same prospective result.

Case 4. Cervical spinal meningitis, followed by torticollis and hemiplegia; eventual relief.

A girl, aged thirteen years, daughter of a Mr. Foster, a tinsmith in this city, was brought to me afflicted with torticollis. About four weeks previously she had been subject to rheumatic fever, and "the rheumatism had finally settled itself in the neck, and produced the deformity." She was of slender and anemic appearance, exhibiting, at the same time, precocious development in the mammæ, and in menstruation. The cervical portion of the spine was exceedingly tender, and the movements of the head painful. Even within the scope of the contraction, there was no structural affection of the sterno-cleido mastoid. This fact at once indicated a serious lesion. I naturally apprehended the extension of the disease from the spine to the membranes of the chord, if not to the latter itself.

The exigencies of the case were promptly met by appropriate remedies. A seton was established, and rest advised. A few days after, the patient presented imperfect hemiplegia of the left side, exclusive of the face. Iodide of potassium and tr. of bark was ordered. During the subsequent eighteen days gradual improvement ensued; the contracted muscles relaxed. On the twenty-fourth day the paralysis was as bad as ever. The treatment was persisted in without much change. In the sixth week of the treatment, there were some symptoms of the right side having become similarly affected; at any rate, the sensation was materially blunted, and motion by no means as ready as before. Locomotion had become almost impracticable.

This pertinacity of the disease could not fail to convince me that the treatment hitherto pursued, had signally failed, and the increasing debility demanded direct restoratives and tonics. With a generous diet and wine, was combined the iodide of iron, and, to my greatest surprise, the disease yielded in a few days to this plan of treatment.

The disease very likely bore an intimate relation to the sexual development, and the comparatively rapid improvement, in apparently so serious a malady, reminded strongly of that mysterious monster, hysteria; yet, in analyzing the local symptoms, a material impediment in the free action of the chord can scarcely be denied. The preceding rheumatic fever, the subsequent localization of rheumatism in the neck, intense pain on motion, and, in fine, the persistent contraction of the muscle, were anything but hysteria. All these troubles may have derived a certain influence from the peculiar state of the nervous system, and the anemic condition of the blood.

I am of the opinion that the tendinous apparatus of the spine had been first affected, and had gradually involved the membranes and the chord itself. It is noteworthy that it was the *right* sterno-cleido mastoid that was contracted, whilst the hemiplegia was on the *left* side.

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The Balance of Account.—The balance of account between satisfaction and remorse was jocosely stated by Dr. Warren to Lady Spencer, who had said she thought the frequent reflection, that a different treatment might have saved their patients, must embitter the lives of medical men, he told her that the balance was greatly in favor of satisfaction, for he hoped to cure her *forty* times before he killed her *once*.—*Physic and Physicians.*

Relics of Mexican Barbarity.—Several skeletons of human beings who were buried alive, between walls, in the convent of St. Domingo, in the city of Mexico, have been recently discovered. They are fettered hand and foot, and bear evidence of writhing with agony when they drew their last breath.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SURGICAL CLINIC.

Service of Dr. Hewson.

April 6, 1861.

SYPHILITIC SCLEROTITIS, ETC.

The patient is a sailor, æt. thirty-seven years, who has been suffering eight days with his eyes. There is, first of all, a noticeable difference in the prominence of the eyes of this patient, the left bulging a good deal more than natural; there is also a tumidity of the conjunctiva around the cornea of this eye; then there is an irregularity in the form of the pupil of both eyes, and a greenish hue in both irides, while there is also a pinkish redness close to both corneæ, which does not, however, extend far back on the balls.

This patient has been suffering at different times with his eyes, the first time being subsequent to an attack of rheumatism following exposure to cold at sea.

The eyes are painful, but most so at night. The left eye, which is the most prominent, is more affected than the other. The patient complains of sharp pains in the ball, and he has had pains in the supra-orbital region; there is also a constant sense of fullness in the eyes.

When they were first affected they did not water much, but recently there has been a copious lachrymation.

The patient presents the evidence of the posterior cervical enlargement, (the engorgement of the lymphatics at the root of the hair on either side of the ligamentum nuchæ,) characteristic of a syphilitic taint of system. Ricord states that in ninety-nine cases out of a hundred, in persons under forty years of age, you will find this cervical enlargement in persons with constitutional syphilis. The disease is then evidently syphilitic. It began in the sclerotic and the irides have become involved secondarily.

The patient affirms that it is ten years since he has had venereal disease, and that he has never had an eruption on the skin. He has, however, had fever and a great deal of sub-acute rheumatism in the arms and legs, which tormented him chiefly at night. This disease, then, is a tertiary form of syphilis, affecting the fibrous tissues, the sclerotica, as well as the periosteal covering of the bones. The irides in this case have suffered more as a secondary trouble than primarily.

The iris, as you know, derives its nutrition through the sclerotica, and when the latter tissue is affected, the nutrition of the iris is in a measure cut off, and it suffers in consequence.

The cause of the greater prominence of the left eyeball is a matter of some interest and importance to determine. It may be inter-ocular, or extra-ocular, and if the latter, from some superficial or deep-seated cause. It is sufficiently slight to lead to the suspicion that it is inter-ocular, but is not necessarily so, extra-ocular pressure may cause only this amount of prominence. Examining the organ closely, there will, however, be found to be no distension of the eyeball itself; it is more prominent than the other, but not absolutely longer, though it may appear so at the first glance simply from that circumstance, for the ball is not greater than natural in diameter, namely about one inch. If now, then, you will bear in mind, that with this prominence there is subconjunctival œdema around the edge of the cornea, and no amount of impairment of vision, and then remember that the chief seat of the inflammatory action has been and is still in the sclerotic coat, and that there have been no signs of inflammation of the periosteum of the orbit—or of the deep adipose in which the ball is embedded—you are forced to the conclusion that the prominence of the left eye is due to effusion from the sclerotic into what is known to anatomists as the capsule of Tenon—the envelope of the sclerotic which extends from the optic nerve forward over the ball, with openings for the muscles—until it comes within a line or one-twelfth of an inch of the cornea, when it is reflected under the conjunctiva toward the edge of the orbit, and then constitutes the subconjunctival fascia. This anatomical point explains the peculiarity of the subconjunctival effusion—close to the cornea—and gives us the solution of the problem of the cause of the increased prominence, which we always find with such effusions in sclerotitis.

The treatment in this case has consisted in the administration internally of the one-fourth of a grain of the protiodide of mercury, with the same amount of opium, four times a day, until the gums became affected, which occurred on the third day, when the iodide of potassium was substituted. The pains ceased to torment the patient the night following the first use of the potassium, and the subconjunctival œdema, and the protrusion are already very much diminished.

Belladonna was applied to the brow so as to keep the pupil well dilated, and break up whatever adhesions had occurred, as also to prevent the disposition to form any new ones.

Absorption of the effusion, and the further resolution of the inflammation, may be now hastened by the application of a blister on the temple; one the size of half a dollar will, therefore, be placed on each temple and the use of the iodide of potassium continued.

HÆMATOCELE.

Eight days ago, the man in whom this occurs was working upon the roof of a house, and fell

through the rafters, and came right astride of a joist, striking his testicle, which immediately swelled.

The swelling occupies the left side of the scrotum, and its circumference is fifteen inches; it is hard and globular, inclining to be pear-shaped, and does not present any decided sense of fluctuation, though it is quite elastic and uniform; at the fundus there is one small tender spot.

Examination by transmitted light in a dark room has showed this effusion not to be translucent. The tumor is red, hot, and tender, but the patient has had no febrile reaction with it. It is, therefore, a hæmatocele or bloody effusion into the tunica vaginalis testis.

The parts are probably filled with a grumous mass of blood, which has been thrown out by a rupture of some large vessel produced by the blow.

It will be subjected to the influence of the acetate of lead and laudanum for two or three days, and if everything progresses favorably, strapping will then be resorted to, with inunction, so as to hasten the absorption of the fluid as much as possible.

It may become necessary to resort to the operation of tapping, to draw off a portion of the accumulated effusion, but if a cure can be effected otherwise, such procedure will be avoided.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Pancoast.

February 6, 1861.

PIROGOFF'S OPERATION.

Prof. Pancoast exhibited one of four cases, in which he had performed the new operation on the foot, called Pirogoff's, where the amputation is at the ankle, the os calcis being sawn through so as to make the divided os calcis, when turned over, unite itself to the end of the tibia.

Three years before, the patient had undergone this amputation for scrofulous disease of the ankle, but the operation did not answer, the stump was sore and painful, and, consequently, a subsequent operation was performed last winter, removing the leg, which has resulted with much success and satisfaction.

In Pirogoff's operation the whole length of the limb is preserved; you saw obliquely one half of the os calcis away, and, also, saw off the end of the tibia, and you then rock the spongy substance of the os calcis over against the spongy substance of the tibia, and the two surfaces unite very readily.

In consequence of the patient's health being broken down, the scrofulous disease of the joint was so great that there was an unhealthiness about the tissue, which induced Dr. Pancoast to amputate the leg.

In the amputation of the leg, where it is desirable to attach a false limb to the stump, the excellence of the stump consists in having plenty of tissue in front, so as to move freely over the bone and not become adherent. That man is to be pitied who has a cicatrix fixed on the end of the bone, and from this cause Lord Nelson was always a sufferer from neuralgia of the stump, after the removal of his limb.

We cut one long flap, three inches long through the one-half of the structures of the limb, and cut a short flap on the other side one-third the length of the first, and then saw the bone close, and bring the long flap so as to lay it loosely over the end of the bone and attach it to the short flap, and then lay the stump on a pillow, covering it with oil-silk; the arteries are best secured by acupressure needles, and no dressing is required but one or two strips of adhesive plaster.

Dr. Pancoast's plan has been, for the last fifteen years, in amputations of the leg and arm, to cut a long flap on one side with a rounded edge, and a short flap on the other side with a rounded edge containing the arteries.

Teale cuts a square flap, and one on each side, which is the only difference between the two methods, and both are only modifications of an old plan.

REMOVAL OF AN ANOMALOUS TUMOR FROM THE SIDE.

The patient was a healthy looking sailor, with a huge flabby tumor of many years' standing, weighing several pounds, and extending from the linea alba on one side almost to the spine on the other, and very much of the healthy color of the skin. The incision made for its removal was fully fifteen inches or more in length. The tumor, when removed, was found to consist of a general hypertrophy of the panniculus adiposus, including the skin and the tissue beneath it.

Part of the flap sloughed. Union otherwise took place by first intention, for at least two-thirds of the extent of the incision.

The tissue being very much altered, it was impossible to foretell how the parts would dispose themselves in the necessary inflammation requisite for reunion, and as soon as the part was found disposed to slough the patient was turned on his side, and the whole surface was covered with wheat bran. The edges were not approximated, but the slough was allowed to come away, the cavity, as formed, being filled with wheat bran, so as effectually to prevent access of air to the part. As pus flowed it coagulated masses of the bran, which was re-

moved by the fingers and replaced by a fresh supply, so as completely to keep the air from the surface of the wound. This plan acted in the most satisfactory manner.

In all places where there is a sloughing surface bleeding constantly, with a gaping wound which cannot be closed, it is well to place the part in a box and cover it with bran. The patient subsequently made a complete recovery. This case was the more interesting, as it resembled in its nature Elephantiasis or Barbadoes leg, the parts healing slowly, precisely as in cases where Dr. Pancoast had operated for this affection.

Service of Dr. Gross.

April 10, 1861.

ANEURISM OF THE AORTA.

Thomas Bennet, aged fifty-seven years, a carpenter by trade, has a tumor on his chest, which began to make its appearance about three years ago. He has always been a hard-working man, of moderately temperate habits, and he does not attribute the occurrence of the tumor to the result of any accident, though he has been very much exposed to heavy lifting, etc.

The tumor came on slowly, but for the last eighteen months has prevented him from following his trade.

This is seen to be a pulsating tumor, beating synchronously with the contraction of the left ventricle of the heart, and imparting an impulse to the hand placed over it, which is synchronous with the pulsation at the wrist.

The patient has a good appetite, and his bowels are regular, though his tongue is slightly coated. He has great difficulty of breathing, and cannot walk for any distance, even on a level surface; and when he lies down he is compelled to keep his head and shoulders elevated to prevent the feeling of suffocation, which would otherwise result; nor can he lie on his back, being compelled to turn on the right side, on which the tumor is situated.

The pulse is strong, and beats over one hundred in the minute.

The patient is never without the sensation of pain in the chest; this pain is of a dull and heavy kind, generally felt under the shoulder-blade.

Auscultation over the tumor reveals a distinct sawing or bellows sound.

A portion of the tumor lies beneath the common integument and the pectoral muscle, which is somewhat absorbed at this point, together with the sternum and some of the costal cartilages.

The tumor is tense and firm, but at the same time distinctly elastic.

A majority of these cases of *aneurism* occur in persons of foreign birth, our native inhabitants being comparatively exempt from the disease.

This is a case of spontaneous aneurism, not the result of any traumatic cause. There is always in a spontaneous aneurism a degeneration of the coats of the arteries, which may be either an atheromatous or a fatty degeneration, or a fibrous or a calcareous degeneration. The coats of the arteries, as we advance in life, are susceptible of various degenerations, to a remarkable degree, in some persons, fatty degeneration being more common than the fibrous or the calcareous.

The effect of any of these degenerations is to render the coats of the vessel brittle, and less capable of resisting the impulse of the blood, which ruptures the inner and middle coat of the artery at some point, and the consequence is that an aneurism is the result. Sometimes the vessel is simply dilated and expanded in every direction, or at one or more points of its circumference, but at other times there is a direct laceration of the internal and middle tunics, and, sometimes, even the external one.

In this case the age of the patient would lead to the suspicion that the degeneration has been calcareous.

The treatment must necessarily be entirely therapeutic, all operative interference being out of the question.

Five instances are recorded in which the aorta has been tied, in the abdominal region, but every case has proved fatal.

In a case before the class last winter, occurring in a sailor, I tried for nearly two months a course of treatment which was considered to be best adapted to the character of the disease, namely, the use of the acetate of lead, opium, and veratrum viride. The doses consisted of half a grain of acetate of lead and a grain of opium, in pill, twice a day, and four drops of the tincture of veratrum viride four times in the twenty-four hours.

The man's pulse was reduced down to fifty-eight habitually, so that it became necessary to discontinue the use of the veratrum viride. The object of this treatment was to reduce, in the first place, the action of the heart, diminishing the number and the force of the pulsations, and in the next place, by means of the acetate of lead, to introduce into the blood a substance calculated to promote its coagulation; but, despite the treatment, the disease continued and ultimately terminated unfavorably.

A similar plan of treatment will be instituted in the present case. The diet will be plain and simple, unirritating and unstimulating.

Little hope of success presents itself in this case; but if a case of the kind is properly diagnosticated in the earlier stages, and then subjected to the treatment recommended, or to a plan analogous to it, there is no doubt that a great deal of good may be done.

FISTULA OF THE MAMMARY GLAND.

This is a case of long standing, which has

been coming to the college off and on for about six months.

There has been an abscess in the mammary gland which has terminated in a fistulous opening, which is continually discharging a quantity of matter.

This is what is called a sinus of long standing, and in all cases of this kind we may look for a lining of false membrane, the lymph which is poured out along the tract becoming organized, just as the lymph does when it forms a pyrogenic membrane from chronic abscess, and this is one reason why the sinus does not heal, for it is a secreting surface.

The gland is very painful. It has been strapped with adhesive strips, and various kinds of inunctions have been employed, all with comparatively little improvement, the gland still remaining indurated, though in a more healthy condition than when first brought under our notice. There is quite an accumulation of pus here. The sinus might be laid open freely, so as to compel the parts to heal, commencing at the bottom, as is done in cases of anal fistula; or a seton may be introduced, making thereby a counter-opening on the opposite side, and in that way an alteration may be produced in the action of the parts; or the sinus may be laid open, and a tent be introduced into the bottom of it, keeping the opening patulous to prevent it from uniting, until the parts had cicatrized in the depths of the cavity.

Any further attempt with the inunctions, or the injection of stimulating fluids, is hardly worth while.

An incision was made into the parts a little distance, and the parts stuffed with patent lint, which had been dipped in oil.

The whole breast was found to be one large cavity, and the lint separating the surfaces which were lying in contact places them in a condition much more favorable for union.

The tent will excite inflammation and change the action of the parts, every twenty-four hours the tent may be removed, and the parts be washed with tepid water containing a little salt, and then a smaller tent be introduced, and so on until the granulations excited in the interior of the cavity fill it up and cure the disease.

WILLS HOSPITAL.

Service of Dr. Morton.

(Reported by H. Earnest Goodman, M.D.)

A Summary of the Cases treated during Dr. Morton's Quarterly Term, ending April 1, 1861.

Number of cases of diseases of the lids and lachrymal apparatus,	100
Tarsal ophthalmia,	44
Granular lids,	10
Tarsal ophthalmia and opacity of cornea,	1
Tarsal ophthalmia and obstruction of duct,	2
Tarsal ophthalmia and eczema of scalp,	1
Ptosis,	1
Hordeolum,	2
Ectropion,	2
Trichiasis,	1
Trichiasis and gran. lids,	2
Tumor of eyelid,	7
Wound of eyelid,	2
Symblepharon,	3
Symblepharon and distichiasis,	1
Distichiasis,	1
Lachrymal fistula,	9
Obstruction of lachrymal duct,	11
Number of cases of diseases of conjunctiva,	147
Conjunctivitis, (acute)	12
" (chronic,)	6
" chronic and tarsal ophthal.	3
Ophthalmia acute,	2
" catarrhal,	6
" pustular,	23
" purulent,	7
" purulent and staphyloma,	1
" purulent and ectropion,	1
" strumous,	28
" strumous and corneitis,	1
" strumous and distichiasis,	1
" neonatorum,	4
" syphilitica,	2
Granular conjunctivitis and vascular cornea,	39
Granular conjunctivitis and ulcer of cornea,	2
Granular conjunct. and pterygium,	1
Granular conjunctiva,	2
Double pterygium,	4
Hypertrophy of conjunctiva,	2
Number of cases of diseases of cornea,	86
Corneitis,	3
" and photophobia,	1
" and pustular ophthalmia,	1
" (strumous,)	11
Ulcer of cornea, (perforating,)	12
" and hypopion,	3
" and conjunctivitis,	6
" and pustular ophthal.,	4
" and protrusion of iris,	5
Pustular corneitis and adhesion of pupil,	1
Foreign body in cornea,	7
Opacity of cornea,	19
Opacity of cornea and tarsal ophthal.	2
Vascular cornea,	1
Wound of cornea,	3
Wound of cornea and adherence of iris,	1
Conical cornea,	3
Deposit of lead on cornea,	3
Number of cases of diseases of the lens, iris, retina, coats, eyeball, etc.,	185

Cataract, (single,)	6
" (double,)	27
" (double and amaurosis,)	1
" (false,)	5
" (false, with adhesion of pupil,)	3
" (traumatic,)	5
" (congenital,)	4
Dislocation of lens posteriorly, from injury,	1
Iritis, (acute,)	16
" (chronic,)	2
" (syphilitic,)	5
" and adhesion of pupil,	1
" traumatic,	3
" and pustular ophthalmia,	1
" and interstitial corneitis,	3
Synechia anterior,	2
Glaucoma,	3
" (incipient,)	2
Amaurosis,	14
Amblyopia,	10
Congestion of retina,	4
Strabismus,	13
Strabismus, (divergens,)	1
Inflammation of eyeball,	12
Burn of eyeball,	2
Gun-shot wound of eyeball,	2
Hypopion,	2
Occluded pupil,	7
Muscæ volitantes,	1
Orbital neuralgia,	1
Tumor of orbit,	1
Disorganization of eyeball,	1
Protrusion of "	1
Dropsy of "	1
Nævus,	2
Degeneration of vitreous humor,	1
Otalgia,	1
Eczema of scalp and face,	3
Otorrhœa,	3
Hip-joint disease,	3
Necrosis of tibia,	2
" femur,	1
Other diseases,	6

NATIVITY.

Born in United States,	264
" Ireland,	187
" Germany,	32
" England,	28
" France,	3
" Scotland,	2
" Canada,	1
" Wales,	1
Total,	518

Three hundred and sixty-four of the whole number (518) applied for relief for the first time, giving an increase of fifty-eight new patients over the preceding quarter.

Surgical Operations Performed by Dr. Morton during the Quarter ending April 1, 1861.

For cataract,	21
Anterior operation for absorption,	2
Posterior " "	13
" " of false cataract,	1
" " of artificial pupil,	1
Extraction of false cataract,	2
" hard "	1
" capsule of cataract,	1
For iridectomy,	1
" strabismus, (divergens,)	1
" " (convergens,)	10
" artificial pupil,	7
" synechia anterior by division through the cornea,	1
" pterygium,	3
" fistula lachrymalis,	3
" " " and insertion of a gold tube,	2
" entropion,	2
" symblepharon,	3
Tumor of conjunctiva removed,	1
" eyelid "	6
Foreign bodies removed from cornea,	13
For obstruction of lachrymal duct,	17
Gold tube introduced into lachrymal duct for obstruction,	9
Bowman's operation of slitting up canalicula,	8
Scarification of ocular conjunctiva,	7
Trichiasis,	5
Eyeball opened,	3
Setons introduced,	2
Cutting superior rectus muscle,	2
Abscess of eylid opened,	2
Total,	129

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

Wednesday Evening, March 13.

Dr. Remington was called to the chair.

CASEIN EJECTED FROM THE STOMACH.

Dr. Wm. B. Atkinson presented for the inspection of the members a singularly shaped mass, which had been ejected from the stomach of a woman, aged thirty-five, whose general health had been good, but for a few days previous had suffered with an unpleasant feeling, as if from indigestion. On Sunday morning, March 10, she felt a sudden fullness about the throat, and this mass had been thrown up. It was some six or seven inches long, by half to

one inch in width. It was rounded, as if by passing through a narrow cavity.

After some remarks, on motion of Dr. Mayburry, it was referred to a committee, consisting of Drs. Corse and Fricke, for examination.

The committee, having examined the specimen, prepared a report which we herewith submit:

At the conversational meeting of the Philadelphia County Medical Society, held March 13, 1861, W. B. Atkinson, M.D., presented a pathological specimen, which was handed to us for examination.

The specimen consists of a firmly coherent mass, seven inches long, one inch wide, half inch thick, of a whitish color, and was thrown up by a woman, in ordinary health, soon after breakfast.

The specimen was submitted by us to a careful microscopical and chemical examination, and proved to be a mass of casein.

If we are allowed to speculate on the singular shape of the mass, we might suppose that, after the casein had been formed for sometime in the stomach, the nearly solid mass retained somewhat the form of the passage through which it was thrown up, and has kept the same undisturbed by being suspended in alcohol.

Albert Fricke.
Jas. M. Corse.

Philadelphia, March 26, 1861.

THE MICROSCOPE IN ITS APPLICATION TO PATHOLOGY AND DIAGNOSIS.

Dr. Corse opened the subject by a brief account of the origin of medicine *as a science*, and showed that diseases have not always been regarded from a physiological point of view; that, at various times in the course of its history, diseases have been looked upon as mysterious afflictions not within the reach of man's investigation by rational means. From these views, remedial measures have been applied, not at all based upon rational principles.

As anatomy became developed, it was soon followed by physiology: by the cultivation of which diseases were seen to be in many instances a disturbance of physiological actions, which resulted in a hurtful alteration of the quality or quantity of the fluids, or evolution of abnormal form; upon the former was built the so-called humoral pathology; upon the latter, pathological anatomy.

At certain periods writers have arisen, who were disposed to locate *all* diseases in the fluids; others to place them all in the solids; yet others to assert that the nervous system was their seat. In our day, it is generally admitted that any one of these may be the part diseased, or even all may be affected simultaneously.

Those who placed diseases in the fluids and the nervous system have had no definite mode of description, and much was left to conjecture, which chemistry and inductive reasoning have since worked out.

Those who supposed all diseases were in the solids, have described their appearances by the various expressions which denote the properties of matter in general, from the heat, redness, swelling, and pain of Celsus, to the common properties of toughness or friability, hardness or softness, the various colors, etc., together with the comparatives, such as atheromatous, steatomatous, melicerous, calcareous, osseous, etc., etc. These expressions have, however, lost much of their value since the application of the microscope to the study of anatomy has shown that the elements of all tissues are the organic, liquid, granule, filament, and membrane, and out of these are constructed not only all normal anatomical forms, but also abnormal or pathological forms, both of which take their start in the organic cell.

Properly to appreciate the position and utility of the microscope in medicine, it is necessary to cast a glance at these facts; we shall then see that the sphere of its action is in the investigation of diseases which manifest themselves in the solids; of these, there are two great classes: one which admits of recognition during life; the other only of post-mortem investigation.

Besides these, the excreta from all parts of the body, often by means of the microscope, afford an opportunity of determining the state of the patient. By this means, we may also examine the discharges from abscesses, and all other morbid conditions of the fluids and solids, which can be made to assume any form at all.

The microscope makes no pretension to discover the cause of presence of diseases which are only in the fluids, except such as may be made to assume the crystaline or other solid form.

In many of these, much aid is derived from the Polariscope, yet the *complete* examination of these, in order to give a sound medical opinion, would involve a chemical question, and introduces us into a vast field of research quite out of place at this time. Taking the facts obtained by the microscope, let us add those which chemistry affords, and the rational signs. These must also be grouped together, and by a process of rational induction the ultimate truth worked out. The science of pathology is as yet but embryonic, and has to be developed; and, like all other sciences, must be evolved in conformity to rules or laws. Any departure from these laws, even to a small degree, produces confusion and obscurity. Just as in the development of organic beings any departure from the laws of development after the type, results in the production of monsters, any considerable departure from the law of evolution produces death in organic bodies, and any common departure from the law of evolution of a science throws that which started and bid

fair to become a science into an incongruous mass of words and hypotheses.

Some few investigators are willing to train themselves into obedience to these laws, and thus evolve facts and make the slow contributions to science, which constitute its normal growth, while the greater number, impatient of restriction within legitimate bounds, are carried away by their imagination and evaporate into words or mere hypotheses; always noisy and talkative, or dwelling in the region of abstraction, without being able to condense themselves down into the sphere of the practical.

Let us start with the first fact, that diseases often show themselves in alteration of the solids of the body. Some of these alterations are not visible to the naked eye, but are rendered visible by aid of the microscope. In starting to work with the microscope, one may advantageously reflect upon the physical conditions necessary to derive pleasure and advantage.

The eye of the observer must be sound and of good construction; that is to say, a good optical instrument. It is often understood that much difference exists in the eyes of persons usually considered perfect. Quite a number have not a fine appreciation of difference in colors. Some even are wholly unable to distinguish certain colors; others cannot distinguish measurement of size or distance; and it should always be borne in mind that much of our appreciation of objects in general is due to the working of the two eyes at the same time, and, on objects placed in such relation with each other, as to be seen in comparison. By the microscope, one object only is seen, and with one eye only; hence education is necessary before accuracy and judgment can be attained.

Light is next to be considered, and no one need attempt to use the microscope without a fair knowledge of the laws of optics. It is by no means necessary to give any great attention to either of the hypotheses of light as to its essential nature, whether undulating or otherwise; but the well-ascertained and easily demonstrable working phenomena of light are essential, such as its refraction, reflection, condensation, dispersion, so-called absorption; its susceptibility of being by these means placed upon any point desired, and from any direction.

The best light that can be obtained for the microscopist, is that which comes from the sky on a clear day free from clouds, and from a northern aspect. From any other direction, it is more apt to have the rays of the sun in it to such an extent as to cause a glimmer and interfere with vision. In some very few cases the sun's ray has been said to be preferable; in such cases it is regulated by diaphragms, and admitted only through a very small aperture.

Illumination of the object is another point in which difficulty will be found; and in this much mechanical tact will be necessary, in order to derive all the advantage from the common modes practiced. An adroit microscopist must have sufficient mechanical ingenuity to invent modes of illumination adapted to particular cases.

Some objects are best seen by transmitted light, others by reflected, yet others by polarized light, and not a few require to be examined by all of these means, in order to determine accurately their character. Hence the light will often have to be changed from a direct to an oblique direction, and from one point of obliquity to another and another, many changes being sometimes necessary.

Light by passing through several lenses loses much of its intensity, and to compensate for this it must be condensed. Various contrivances have been used—the most common is the bull's eye condenser.

Objects for microscopic examination present all degrees of opacity, and it must be borne in mind that an object with but slight opacity will be quite invisible in a strong light. Very generally, the light should be varied from time to time on the same object.

The instrument, a microscope: this is, of course, an optical apparatus, which, in its simplest sense, means one which enables us to see small objects; the name is derived from two Greek words, *micros*, small, and *scopeo*, to view. A single lens is the simplest; more lenses render it compound. But the term compound microscope now is more particularly applied to instruments with double lenses, which are thereby achromatic.

A power necessary for the pathologist need not exceed 500 diameters. If the lenses are first rate, this power will reveal as much, or perhaps even more, than an instrument of inferior quality with a power of 1,000 diameters or more.

The objects: these consist of the various forms of matter obtained in a dry state, found in fluids, floating or sedementary, and sometimes solids dissolved in fluids, from which they must be obtained in the solid state by artificial means.

To examine an object by transmitted light, a slip of glass is necessary, in order to place the object upon it and cause the light to pass through it to the object by means of a mirror placed below.

When the object is very minute and floating in a liquid, it should have a piece of thin glass laid over it, technically called a cover. This has two purposes—one to fix the object, the other to prevent the liquid from getting on the field lens of the objective.

Of *some* of the alterations thus recognizable, he proposed to make mention.

They may be conveniently divided, at present, into two great classes:—*First*, those recognizable during life and susceptible of diagnosis; *Second*, those which admit of post-mortem examination only. As examples of the latter may be mentioned organic lesions within

the cranium, heart diseases, and affections of other internal organs, such as the liver, kidney, supra-renal capsules, spleen, etc.

Of the diseases recognizable by the microscope, during life, may be mentioned some few of those of the blood, such as leucocythæmia or leucæmia. In this disease, of recent discovery, there is a remarkable increase of white corpuscles. Inflammation manifests itself by a change in the condition of the corpuscles, which disposes them to arrange themselves in numular form.

1. *Tubercle.*—It is not pretended that in any given sample of sputum, a microscopist can take it, and say what the condition of the patient is, or what should be the treatment; to look for this, would be expecting too much. But give a case with the rational signs of phthisis, and exclude, by careful examination, the absolute presence of some other disease to account for the symptoms; the sputum may then, by means of the microscope, afford us reason to conclude upon the nature of the malady. It can, likewise, detect tubercle in any locality accessible to examination.

2. *Carcinoma.* — Although there is no one cell, which, taken alone, a microscopist would be willing to say positively is cancer; yet, taking a number of slides from the same place, and unite their appearances with the surrounding circumstances, a diagnosis may, very generally, be made out.

These are the most frequent and most formidable diseases, and hence have been subjects of the greatest research.

3. *Urine.*—The microscope is capable of almost certainty in diagnosis of Bright's disease of the kidney, by the casts of the uriniferous tubes. Affections of the bladder, inflammation, or a simple irritation without inflammation, this, every observer is quite well aware, can be determined by the presence or absence of the pus corpuscle.

In many of the cases in which a large deposit of light-colored matter, resembling pus, takes place, it turns out to be only epithelium of the bladder.

In looking for the various characteristic pathological products in urine, foreign bodies will often be met with, having got into it accidentally or otherwise. These are:

Human hair,	Cotton, woolen, [or silk fibres, of every color,
Cats' hair,	
Hair of dogs,	
Feathers,	Fragments of wood,
Sand.	Oil from catheter, etc.

A previous knowledge of the appearance of these bodies would be of the greatest importance.

4. *Feces* may afford indications of disease only recognizable by the microscope, but then, these are not fully made out. Discharges of pus, blood, false membranes, or cancer, or tubercle cells may, of course, be recognized in other cases.

Confervoid growths are sometimes seen. Typhus and other low forms of fever give rise to crystalized phosphates and carbonates. Parasitic bodies may be detected and their species determined by the microscope.

Some skin diseases may be determined with much accuracy; among these are the acarus scabei in psora. Favus or tinea tonsurans, is known to be due to a vegetable fungus.

Vomit may be microscopically examined, and pus, blood, or cancer cells be detected by their characteristic form.

Sarcina Ventriculi was wholly unknown until its existence was revealed by the microscope.

Dr. Corse brought before the society several microscopes, and exhibited specimens to demonstrate the several points in his discussion. One of the instruments was of Smith & Bren's manufacture; a foreign one of the celebrated instruments of Oberhäuser, of Paris. Specimens were shown of

Acarus Scabiei.
Uric Acid, by Polariscope.
Vasa Vorticosa of the choroid.
Villi of small intestine, (human.)
Epithelium of vagina, (human.)
Blood Corpuscles.
" Human.
" Reptile.
" Bird.

Inflammation had been excited in the web of a frog's foot, and was beautifully shown by Smith & Bren's instrument.

Many other specimens were placed beneath the instruments and were examined with much interest by the members.

(*To be Continued.*)

PROCEEDINGS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Daniel Ayres, M.D., President.

On motion of Dr. Louis Bauer, the Philadelphia Medical and Surgical Reporter was chosen as the organ for publishing the proceedings of this Society.

DR. PAMLEDO'S CASE.

Hypertrophy of the Heart—Insufficiency and Stenosis of both the Mitral and Aortic Valves—Dilatation of Left Ventricle—General Dropsy—Dilatation of Gall-Bladder, containing Four Calculi, a fifth impacted in the neck of the Bladder—Thick Covering of both surfaces of Liver, Stomach and Spleen with firmly organized plastic material.

These pathological specimens were from a female, æt. fifty-four years, who had been ill for several years, the last four under charge of Dr. Palmedo. Paracentesis had been performed thirty times.

On post-mortem, the body was found exceedingly pallid—anasarcous, whilst the abdominal

cavity was largely distended with fluid. Through the abdominal parietes an oval tumor, of the size of an orange, could be felt in the right hypocondriac region. It seemed almost to float, could readily be depressed, and would immediately rise again. Was thought to be a distended gall bladder.

Upon opening the body there was found a great quantity of serum, and a distended gall-bladder, as supposed. It contained a thin, pale greenish fluid, showing, under the microscope, cholesterin crystals and epithelial cells; there was a sparcity of biliary elements, some albumen, very little biliverdin. Liver diminished in size. Firmly organized plastic material formed almost a new covering of the organ, extending over the stomach by thick bands to and over the spleen, forming for it a new capsule, $\frac{1}{8}$ of an inch in thickness, firmly organized, and of long standing, and not extending down the abdominal cavity, thus demonstrating that the seat of peritonitis had been in the superior region of the abdominal cavity.

Disease of heart coexisted; weight of the organ 1 lb. ℥ ij; length, 20 centimetres; width, 18 centimetres, size not wholly attributable to hypertrophy; there was, likewise, considerable dilatation of the left ventricle; eccentric hypertrophy; walls 1 inch thick, and papillary muscles much enlarged. Mitral and aortic valves thickened and unyielding, almost cartilaginous; no atheroma, but the disease was diffuse, and the inference therefore justifiable that endocarditis had existed to cause the trouble; some dilatation of right auricle; valves good; kidneys sound, their functions perfect.

Dr. Palmedo's clinical statement was substantially as above given.

DR. LOUIS BAUER'S CASE.

Carcinoma of Cardia — Cancerous Ulceration of lower half of Esophagus—Two Cancerous Cervical Tumors—Gangrene of Left Lung and Purulent infiltration.

The patient was an old man, æt. sixty-eight, by occupation a chemist, a German by birth. He had been under treatment of Dr. Bauer for about eight months. The disease may have existed, in all, a year. It commenced in difficulty of swallowing substantial food, and burning pain.

An elastic tube of moderate size could barely pass a stricture of the esophagus near the stomach. The malignant character of the disease was evident from the cachectic appearance of the patient.

The symptoms became gradually more aggravated; the smallest alimentary substances could not pass, and were rejected. The patient was restricted to liquid food alone. He was constantly asthmatic. A few days before his death, he was seized with cough and orthopnœa, could breathe only in sitting position, and expectorated masses of black colored matter, of most fetid odor.

On post-mortem examination, a cancerous ulceration of the esophagus was found to exist, to the extent of sixteen centimetres, terminating at the cardia; the latter was surrounded by extensive cancerous infiltration of the encephaloid kind. The food, having to pass over this ulcerated surface, must have caused a great deal of pain. The pylorus was perfectly free from disease, and the coats of the stomach thickened, whilst its size was reduced by a third.

On the right side of the trachea, about an inch below the larynx, there was a tumor of the size of an orange, over which the vessels and the pneumogastric nerve were placed, accounting, perhaps, for the asthmatic symptoms. The left lung was adherent to the anterior wall of the esophagus, and in its superior lobe there was a large cavity, with black, ragged walls, and a most fetid discharge. The wall was surrounded by purulent infiltration of the lung, extending also into the lower lobe.

The communication of Dr. Bauer was accompanied by the respective specimens of the case. The stomach was, beside, represented by a wax cast, which illustrated the actual condition of the tissues invested by the cancerous material, much more efficiently than the wet preparation.

DR. E. A. WHALEY'S CASE.

Circumscribed Disintegration of the External Condyle of the Femur—Pulpy Degeneration of the Synovial Membrane of the Knee-Joint—Attempted Excision of the Same—Subsequent Amputation.

Since the previous history of the case has already appeared in Vol. 2, No. 13, of *American Medical Times*, the communication of the Doctor touched but briefly upon the early condition of the case.

It appears that W. G. Prout, the patient, is a lad of twelve years, of rather delicate constitution, without any distinct signs of dyscrasia.

Five years ago he met with an accident upon his left knee-joint, which became sore, hot, swelled, and slightly bent. A somewhat lengthy treatment at one of the medical colleges of New York, eventuated in a partial relief, so that he could, in a moderate way, move about. Eighteen months ago he met with another accident upon the affected articulation, which gave rise to new trouble. Six months ago he was met in the street on two crutches, with the constitutional effects of severe suffering, and was directed to apply to the Brooklyn Medical and Surgical Institute, which he entered on the 27th September last, when the condition of the joint presented the following appearance: general, but moderate tumefaction of semi-solid consistence; loss of contour; restrained mobility from evident fibrous adhesions; firm adhe-

sion of the patella to the external condyle of the femur; angular position of the joint, and contraction of the biceps.

There was no fluctuation within or about the joint; no fistulous openings; no softening, distension, or enlargement of any of the osseous constituents of the joint; nor was there a characteristic pain indicating bone disease.

For this reason, Dr. Bauer, the attending surgeon of the case, pronounced it chronic traumatic synovitis, and imperfect fibrous anchylosis. Dr. Halsey was requested to divide the contracted muscle, break up the adhesions, and to fix the leg in a strong iron splint, which was effectually done, with the assistance of chloroform. No reaction whatsoever occurring, and the patient, with a mechanical appliance intended to keep his extremity straight, left the clinical department, after the lapse of ten days, with the advice to go for a few months into the country. Supposing him to have followed this advice, nothing was heard or seen of the patient for several months, when Dr. Halsey incidentally heard from his mother that the patient had been for a time in good condition, but having been attacked with a cold, his knee-joint had recommenced to trouble him. Being directed to send him again to the Institute, he was once more admitted as a patient on the 4th of April. Dr. Whaley being on duty, took charge of the case and recorded its condition as follows: the extremity almost straight; the external appearance of the joint corresponds in most points with that on the previous admission; in front and below the joint, on the protuberance of the tibia, are three small fistulous openings, discharging copiously sero-purulent matter; a probe enters the joint from this place externally and posteriorly; patella, and whole articulation slightly movable.

There are, besides, constitutional symptoms of hectic fever. It was again noticed that the bones, constituting the joint, were in no way changed in size or consistency; nor was there any particular place more painful than another. The patient stated that about four weeks from the second admission, the joint had become more distended, hot and tender, and eventually opened below the joint, from which large quantities of matter had been discharged. In the ensuing consultation of the medical officers the opinion prevailed that the case represented still synovitis in a state of ulceration; that the cartilages, most probably, had undergone disintegration, and that the joint was perforated.

As to the condition of the bones it was presumed that they were free from disease, since there was not one single symptom that could be taken in proof of their being implicated. There being no crepitus on motion, it could not be even inferred that they were denuded, whereas the mobility was ascribed to partial or total destruction of the crucial ligaments.

In consideration of this condition of the joint, and in further consideration that the patient exhibited symptoms of advanced hectic fever, it was determined upon that the diseased structures should be removed, if practicable, by exsection; but if, unexpectedly, the disease should have extended into the bones too deeply, the amputation should be preferred, and forthwith executed. In conforming with this plan Dr. Whaley made a simultaneous incision in front of the joint, dissected off the flap, and exposed the articulation, when the synovial lining was found to be greatly infiltrated and thickened gelatinous material; the crucial ligaments partially destroyed and ulcerated; a latero-posterior opening existed, corresponding with the fistulous openings in front of and below the joint; another opened in front of the external condyle of the femur, leading to a track upward toward the thigh. At the most prominent part of the external condyle, there was rarefication of the cartilage, exposing the cancellated structure to the extent of a three cent piece, but no where else. At this place the bony structure was explored with a fine trochar, when a high degree of softening of that structure was revealed, whereas the remaining bony structure had retained its normal consistency.

Although this aspect looked rather suspicious, yet it was deemed unobjectionable, as a further means of exploration, to remove that portion of the epiphysis by the saw, which would be necessary for the purpose of exsection. This having been done, a circumscribed circular space of the size of a three cent piece was exposed, being discolored, gray, soft, and bloodless, evidently therefore in a state of advanced disintegration.

When this spot was probed, the medullary cavity could easily be reached, consequently the amputation was preferred. After the bone had been sawn through, it was noticed that the cortical substance of the shaft was rather rarefied and dry, and the periosteum peeled off so readily that another inch of bone had to be removed, on account of the retraction of the muscles, to which also the periosteum had yielded and exposed the shaft.

The specimens were presented to the society, and attracted much interest, particularly in point of obscurity of the diagnosis of bone diseases.

The discussion that took place on this point resulted in the conclusion that simple disintegration of bony structure, of no great extent, might take place, as in the present case, without any other but indirect symptoms; and it was unequivocally demonstrated that the plan adopted by Dr. Whaley had been very judicious, prudent, and conservative.

The microscopical examination instituted, revealed the infiltrated material to consist almost exclusively of fat, no organization having been discovered.

The synovial membrane showed an extremely delicate net-work of fibres, with fine varicose distension, containing one or two nuclei. These

were, perhaps, the so-called cells of the connective tissue, recently pronounced to be the original source of pyogenesis.

The softened bony material seemed to be homogeneous and consisted chiefly of fat. When pressed upon, the marrow liquid would ooze through the softened spot. There was no trace of tubercle.

The divided biceps of the 20th of September was also exhibited, and the following changes noticed: generally speaking, the tendon is of ordinary appearance; about an inch and a half from the point of insertion the tendon is thicker, less transparent, of ordinary firmness, and evidently of tendinous structure, with the theca adherent.

An ovarian cyst was presented by Dr. Bauer, which he had removed from the pelvic cavity of a negro woman, conjointly with uterus and appendages. The cyst is of ovary size, and has imbedded itself so much into the wall of the uterus as to form an excavation. The membrane of the cyst is rather thickened, but transparent, and the amount of liquid contents about five ounces.

EDITORIAL DEPARTMENT.

PERISCOPE.

MECHANICAL TREATMENT OF CICATRICES.

The London correspondent of the New Orleans *Medical and Surgical Journal* says:—"At the Orthopædic Hospital, I had an opportunity, a few days ago, of observing, under the guidance of Mr. Holmes Coote, the happy effect of mechanical treatment in many cases of club-foot, lateral curvature of the spine, cicatrices following severe burns, etc. It has happened to me on many occasions to have watched the treatment of these cicatrices, and to have had to record in my note book the almost uniform failure of all operative procedures adopted for their cure. I have witnessed the excision of the entire surface *en masse*—its gradual removal; the substitution of healthy tissue from various parts of the body; the division of the cicatrix by many small incisions, varying each from half an inch to an inch in length, and placed in parallel lines of one or two inches apart throughout its whole extent, but in no case do I find anything like satisfactory results; the last-mentioned plan, indeed, adopted by Mr. Skey, and which gives the altered structure very much the appearance of a piece of network, when combined with gradual extension, has promised well, and the patient has returned home, after the healing of the wounds, much benefited by the operation; but the improvement has, I fear, in most cases, been temporary, so great is the contractile power in these deformities.

"Mr. Coote attracted my attention to several patients in different stages of treatment, in whom the cicatrix, the result of a severe burn upon the chest and neck, had involved in its contraction the chin and under lip, both of which were drawn down upon the sternum, and there immovably fixed—the entire eversion of the lip and consequent flow of saliva over the surrounding tissues rendering these poor patients most repulsive in appearance. All such cases, notwithstanding their severity, and the almost ligamentous character of their adhesions, were treated by extension only, applied by a simple mechanical contrivance, and persevered in for many months—the results being most happy. A well-fitting ring of metal, padded, is fixed round the patient's waist, forming the support behind, of a steel upright, which again is steadied in its position by straps around the shoulders, from the upper end of this project forward on each side of the neck, and beneath the chin, two well padded supports, fixed to the upright by movable screw and cogwheel joints, by which they may be raised or depressed by means of a key, at pleasure. By this simple contrivance, permanent, steady extension is affected, resulting in the most perfect cures."

COMPLETE TRANSFIXION OF THE ABDOMEN BY A BAYONET, FOLLOWED BY RECOVERY.

A correspondent of the *Lancet* reports the case of a private in the British army in China, whose horse becoming refractory, whilst plunging, fell, throwing the rider violently. His bayonet dropped from the scabbard, and the soldier, in his fall, struck on the point of the bayonet. It entered his back two inches to the left of the last dorsal vertebra, and reappeared in front, about two inches to the left and below the umbilicus. The weapon was soon withdrawn, and the soldier complained of but little pain, but expressed his belief in the hopelessness of his case. The wounds were lightly dressed and some stimulant and laudanum were administered. Some nausea and inability to micturate occurred. He was carried, during the march, in an ambulance, during extremely sultry weather, but improved rapidly, and, with the exception of a dragging pain in his abdomen, was soon completely restored.

It is evident that the bayonet passed through the abdomen without wounding the intestine or other important viscus, as would have been evinced by traces of blood in the urine or fœcal discharge. The man had eaten but little since the previous evening, so that the intestines were comparatively empty, and, as the point of a bayonet is not very sharp, it had probably pushed them before it and slipped between them without any wounds, excepting in the abdominal parietes.

THE INFLUENCE OF SATURNINE INTOXICATION ON THE PRODUCT OF CONCEPTION.

Dr. C. Paul read a paper on this subject before the Biological Society of Paris, at a late meeting. He says:—"Nine months since I published in the *Archives of Medicine* a memoir in which I demonstrated by the results of eighty-one experiments the fact, that saturnine poisoning, when existing only in a slight degree, establishes in those who are exposed to it a chronic state of constitution, in which the product of conception is not fully developed, but dies generally during uterine life, and when by chance it escapes death before birth it dies almost certainly within the first three years of life. I have since met with two women who were affected with saturnine intoxication, and who, in that state, became pregnant. The first, who was aged fifty years, had had, before being employed in type founding, a daughter, who is now thirty years of age. Since she became a polisher of the type she has been affected with primitive saturnine intoxication without either colic or paralysis. She has during that time become seven times pregnant; in the first six the children did not come to the full term, but she aborted about the fourth month.

"After some time she quitted the foundry for a year, and was otherwise employed, and at the end of the year was delivered of a boy, which came to its full term, but died at the age of eleven months.

"The second case was that of a woman of fifty-two, who had experienced strong evidences of saturnine poisoning. She had always lived in a saturnine atmosphere, having been employed since the age of seven years in "setting up" the type, that is, ranging them side by side in a wooden case. At the age of eighteen she became a polisher; at twenty-one she began to experience the consequences of the lead poisoning, and had many attacks of colic successively, and remained for sometime unwell. At thirty-three she was attacked with paralysis of the extensors of the forearm and of the left thumb and index finger, which have never entirely passed off since. She has also been subject to frequent pains in the joints.

"During this time the menstrual discharge was never very regular. In spite of this she became pregnant twelve times, and twelve times aborted at two to three months, the fact being attested by the midwife who recognized the embryo at each time. Six months since the menstruation ceased entirely, and since then she has had many symptoms of lead poisoning.

"I include these cases with those published in my memoir on the subject, and I find that in eighty-nine subjects, which I have examined from this special point of view, thirty-one individuals have been pregnant during the time that they were exposed to the influence of the lead.

"Out of 141 pregnancies we have 82 abortions, 4 premature deliveries, 5 still-births, 20 children dead within the first year, 8 within the second, 7 within the third, and 1 of since; 14 are still living, of which 10 have passed three years of age. Out of 141 pregnancies, then, ten children only remain, and when it is remarked that in cases in which the father appeared to be cause of the death, the conception had taken place at a time when he was not under the saturnine influence, we are forced to admit the great importance which I have attributed to saturnine intoxication as regards the death of the child."

CEREBRAL ORIGIN OF DIABETES.

The Paris correspondent of the London *Lancet* says:—"A case of diabetes occurred lately in the service of M. Trousseau, at the Hotel Dieu, which bears out M. Bernard's experimental deductions with regard to the cerebral origin of this malady. It will be remembered that by pricking certain spots in the walls and floor of the fourth ventricle, M. Bernard succeeded in producing diabetes in animals. In the case of M. Trousseau's patient, the gray, nervous substance in the neighborhood of the fourth ventricle was found in a state of fatty degeneration. A similar condition was ascertained to exist in another diabetic patient, who died last year, and details of whose autopsy were presented by Dr. Luys to the Society of Biology at the time."

A PATHOGNOMONIC SIGN OF SCARLATINA.

For some years past, M. Bouchut (*Journal Practical Medicine and Surgery*) has been in the habit of pointing out in his wards a curious sign which assists in the discrimination of scarlatina from measles, erythema, erysipelas, etc. It consists in a vascular phenomenon, proportionate in intensity to the extreme contractibility of the capillaries; we refer to the enduring *white stripe* produced at will by drawing the back of the nail over the part of the skin in which the eruption exists. Pressure with the nail, or any other hard substance upon the exanthematous surface, produces a white streak, which lasts one or two minutes, and sometimes more. Figures may thus be traced upon the skin, the lines of which are conspicuous from their whiteness. With a blunt probe or pen-holder, the diagnosis of the disease may be distinctly inscribed on the integument, and after a minute or two the word *scarlatina* disappears, when the uniform tinge of the eruption again invades the written surface.

This phenomenon is observable in scarlatina only. The scarlet hue of measles is not uniform, the eruption consisting of mottled patches, with very slight elevations separated by interstices of healthy skin. In measles the procedure we have described would produce an

alternately red and white streak, enduring a much shorter time than in scarlatina. In erysipelas, in the redness induced by a mustard poultice, in solar erythema, the white line we allude to is not visible; and without attributing to this sign an undue degree of importance, it may be said to supply one more element in the determination of the characters of the eruption of scarlatina.

TEST FOR CHOLESTERIN.

If cholesterin be moistened with hydrochloric or sulphuric acid, containing perchloride of iron, it becomes of a magnificent violet color. A mixture of two of three volumes of concentrated hydrochloric or sulphuric acid and one of a dilute solution of the perchloride will answer for the experiment, or even the ordinary commercial hydrochleric acid. A small piece of cholesterin should be rubbed by means of a glass rod with a drop of the reagent, and the mixture then gently warmed. It first becomes of a reddish, which, as the temperature rises, changes to a blue violet color. A strong heat destroys the color. When sulphuric acid is used the mixture must be warmed more cautiously. It first becomes carmine red, then violet, and at a high temperature is carbonized. Nitric and phosphoric with the perchloride of iron will not give the reaction.—*Annalen d. Chem. und Pharm. and Dublin Medical Press.*

SUB-NITRATE OF BISMUTH AS A DRESSING FOR BLISTERS, ETC.

Dr. John E. Wright, of Augusta, La., (New Orleans *Medical and Surgical Journal,*) highly recommends the topical application of the sub-nitrate of bismuth in blisters, especially on young and irritable subjects. His attention was called to it by a notice by Dr. Richardson, of New Orleans, of its good effects as an application to burns, scalds, etc. Of its application in blisters, Dr. Wright says:

"The prompt relief from suffering, and the charm-like change in the character of the denuded surface, from a fiery, inflamed, and angry aspect, to that immediate healthy action and rapid restoration of the cuticle, so encouraged me in the use of the remedy as not only to apply it subsequently in several similar cases, with a like happy result, but to recommend it unhesitatingly to my professional acquaintances, who are unanimous in their expressions of satisfaction and delight at its effects.

"Make a paste of linseed oil and sub-nitrate of bismuth, about the consistency of very thick cream, and apply it carefully with a fine, soft mop, or camel's hair brush, so as completely and perfectly to cover every part of the affected surface with a thick coating of the paste; over this apply a thin, soft cloth of old linen, slightly lubricated with linseed oil; then a layer of thin, soft bats of carded cotton; then a thin, broad bandage, smoothly and evenly applied to retain the whole *in situ*, and your trouble is over with *that* blister. No torture from mopping, washing and dressing is subsequently necessary. No noisome, greasy rags, or foul cabbage leaves, or poultices are required. All that is necessary is occasionally to raise the dressings, and carefully retouch any part of the blister with the bismuth paste, which may have become bare from moving about, etc. In a word, keep the part constantly and thoroughly covered with a thick coating of the paste, and light soft dressing over it.

"The recent introduction of bismuth as an injection for vaginal leucorrhœa, for gonorrhœa, etc., etc., and its known efficacy in many morbid conditions of the mucous membranes, would naturally point to its efficacy in an equal degree, when applied to denuded surfaces."

BLACK EYE.

A writer in the *Medical Times and Gazette* says:—"A correspondent asks the communication of an effective remedy for ecchymosis of the eye in a lady patient who had met with an accident. One which I have used for a great many years, never disappointing me, usually getting rid of the blackness in a few hours, is the root of the "Convallaria," "Solomon's Seal." It should be washed, the dark-colored cuticle carefully cut off, then scraped like horse-radish, applied direct to the eye in the way of a poultice, cold. A tingling sensation is the consequence, when this sensation ceases, another fresh application should be made, and repeated until the whole eccymosis is absorbed. I have often found it sufficient to apply the scraped root at bedtime to the closed eye, when the blackness has disappeared by the morning. The convallaria is readily found, and is equally effectual at this season of the year.

IODIDE OF IRON IN PHTHISIS.

Dr. Cotton, of the Hospital for Consumption at Brompton, England, after making an experimental use of this article in twenty-five cases, offers the following conclusions:

1. Syrup of the iodide of iron, in doses of a drachm twice or three times a day, occasionally produces headache, with some dyspeptic symptoms; but, for the most part, it is found to agree very well with consumptive patients.

2. Although very far from exhibiting what might be termed a *specific* effect, it nevertheless seems to act very beneficially in a fair number of consumptive cases, especially in those where the disease is only in an early stage.

3. Under its influence the patient's weight is generally increased.

REVIEWS AND BOOK NOTICES.

On Diphtheria. By Edw. Headlam Greenhow, M.D., F.R.C.P., &c., &c. New York: Baillière Brothers, 1861. Pp. 160.

This is a reprint from the English press of a treatise "founded partly upon the study of diphtheria in public and private practice, partly upon information obtained in the course of an inquiry into the causes, symptoms, and treatment of the disease made for the Privy Council, in the spring of 1859."

Chapter I. is devoted to the defining of diphtheria, which the author regards as a disease, accompanied generally by fever, speedily giving way to depression, with a stiffness of the neck at the commencement, usually swelling, and tenderness of the glands of that part; an inflammatory affection of the mucous membrane of the throat, which may subside, or be followed quickly by the appearance on its surface of white specks or patches, or a continuous covering of a membraniform aspect, soon assuming the appearance of wet parchment or chamois leather; this covering varying in color from white to ash color, buff, brownish, or even of a blackish tint. This membrane is an exudation coagulated on the surface from which it may generally with ease be separated, leaving the subjacent tissue unbroken, or slightly excoriated, ulcerated, or even in a sloughing condition. When the false membrane is removed, it is apt to be renewed; and when allowed to remain, increases in thickness. This is generally proportioned to the severity of the disease, but it may be inconsiderable, and the other symptoms of an alarming character. The throat is generally the primary point attacked, but the inflammation may extend to the nares, conjunctiva, œsophagus, &c., or attack any wounds occurring during its prevalence. It is generally accompanied or followed by various complications, as albuminuria, hemorrhage, &c.

Chapter II. treats of the disease as it occurred in the sixteenth, seventeenth, and eighteenth centuries; and Chapter III., the nineteenth century.

The author then takes up the disease as a sporadic, and epidemic; its non-identity with scarlatina; human and brutal diseases coincident with it; its relation to locality, age, sex, and social position; its communicability; symptoms, grades, and varieties; sequelæ; its morbid anatomy, and the suggestions for treatment. Space will not permit our entering at large upon a review of the subject as thus treated, and we shall therefore confine ourselves to the point as to the non-identity of this disease with scarlatina.

In the first place, he admits their occurrence coincidently in the same family. For some time, he held the opinion that they were varieties of the same disease, but at present regards them as distinct for these reasons:

Scarlatina rarely occurs twice in the same individual; diphtheria will not only attack a person who has formerly had scarlet fever, but frequently recurs, even at short intervals, and often more severely than at first.

Next, "the uniform absence of scarlatinal rash in pure diphtheria, extensive epidemics having occurred, in which not a single case of scarlet fever has been seen."

Albuminuria occurs at different stages of the two affections. In scarlatina, it rarely is seen until the primary or characteristic stage of the disease is past, generally about the eleventh or thirteenth day. In diphtheria, while this is of less frequent occurrence, it generally makes its appearance very early, sometimes within a few hours of the commencement of the illness.

"The two diseases differ very materially in their sequelæ." Anasarca is common in scarlet fever, but rare in diphtheria; arthritis, he has not seen after the latter disease; suppuration of the glands of the neck, very common after the former, is rare after the latter. Besides, diphtheria has its own peculiar sequelæ, such as partial paralysis of the muscles of deglutition and voice, impairment of vision, paralysis of the extremities, gastrodynia, &c. Lastly, the occurrence of the false membrane on other parts of the body, which has no parallel in scarlatina.

Judging by these views of Dr. Greenhow, it would certainly seem that diphtheria is far different in many points from the affection so called as it occurs in this locality. Here, in the majority of instances, (and we speak with a knowledge of the observations of other practitioners,) the resemblance to scarlatina is so close, that the two maladies seem but as varieties of one blood poison. Cases have repeatedly occurred, where there was every reason to believe that diphtheria had attacked one person after contact with another laboring under scarlatina, and vice versa. In the same family, one child would have scarlatina, while another with precisely similar symptoms, but without the rash, would be classed as a case of diphtheria. The absence of rash can in nowise be regarded as a proof of the non-identity of the two affections, when we consider that scarlatina often occurs as an epidemic with little or no throat symptoms, and again with every symptom but the rash.

Again, though it is generally regarded a peculiarity of scarlatina that a patient is attacked but once, and very rarely is a second attack encountered, yet it is equally well known that a considerable number of instances have occurred where there existed a peculiar susceptibility to the disease, and such persons have been attacked twice, or even three, four, or more times. Thus, a mother will have the peculiar sore throat every time one of her children suffers with the disease; or the physician finds himself troubled with the same affection

whenever engaged for a time in attending a case of scarlet fever.

Upon the point taken by the author as to the appearance of the diphtheritic membrane upon other parts in scarlet fever, we might mention the fact that it is by no means an unfrequent occurrence to see cases where the false membrane is deposited upon the external nares, and the external auditory meatus in malignant cases of scarlatina, and this to such an extent that these passages are for the time completely blocked up.

But, without further extension, we will sum up by saying that diphtheria and scarlatina are identical, though in some cases exhibiting as marked a difference as variola and varioloid, for the reasons that they are in this locality characterized by the same symptoms and sequelæ, and are amenable to the same treatment.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 20, 1861.

THE HEAT-CURE.

The latest novelty in therapeutics is the heat-cure—the treatment of disease by immersion of the body in heated air. If but a portion of the evidence attested in its favor receives our credence, it will still be admitted to be one of the greatest modern additions to therapeutics.

We have called it a novelty, for although the hot-air bath is of antique origin, and has continued to this day in use among the orientals as a luxury, for hygienic purposes, or as a religious rite, and has, to some extent, been used in disease, yet its study and general acceptance as a curative means, in many morbid conditions, has been only within the last year or two. It is not proposed as a panacea or specific, but simply as a rational means of accomplishing certain indications of treatment; although there is danger of it becoming, like many other curative agents, prostituted to the purposes of the quack.

The immediate object of the hot-air bath is stimulation of the functions of the skin. Heat may be said to be the only direct and certain diaphoretic. We can with much certainty, under ordinary circumstances, stimulate the secretions of the kidneys, liver, salivary glands, and alimentary mucus surfaces, and the hot-air bath is the means of promptly and decidedly acting on the functions of the skin.

The toleration of highly heated *dry* air by the human body is remarkable. The degree of toleration is very different from that of *moist* air when heated. Vapor at 120° Fahrenheit seems scalding and unbearable, yet those in the habit of using the hot-air bath say that 300° Fahrenheit is really enjoyable. For the toleration of high temperatures, it is essential that the heat be dry; a dash of cold water into the hot-air chamber, while it really reduces the temperature, renders the heat intolerable. Chabert, the Fire-King, as he was called, was in the habit of entering an oven heated to 600° Fahrenheit. Dr. Carpenter says that the workmen of Chantrey, the sculptor, went freely into the oven used for drying moulds while the floor was at a red heat. Those who work at iron furnaces, the stokers in the holds of steamships, glass blowers, and porcelain burners, are occasionally exposed to a heat so great as to burn their clothing, without suffering, and, it appears, without detriment to health, from the effects of the heat. Mr. Erasmus Wilson mentions the case of a gentleman who, in a letter, thus relates his experience in the heat of the thermæ:—"I cooked a mutton chop on my knee, and, in eating it afterward, the only inconvenience was in the matter of bread—it became toast before I could get it to my mouth."

That the skin is not injured by exposure to such heat, is a fact of which there is abundant evidence.

The toleration of sudden changes from very high temperatures is as remarkable. To step from the calidarium, as the highly heated apartment of the thermæ is called, to plunge into cold water, or roll in the snow, or walk leisurely in a freezing atmosphere, are said to produce a delightful sensation, without any chilliness. Mr. Wilson gives the following account of this sudden transition at his first experience in the thermæ:—"From the calidarium I passed to the frigidarium, on this occasion mid-winter and a piercingly cold, snowy day, truly deserving its name. I was then cloaked in a sheet, and was made to recline upon a cane couch immediately under the open

window. How cool and pleasant were the puffs of wind that played over my face and limbs! how different their impression on my skin to what they had been an hour before! I needed not the assurance of my friend that there was no danger of catarrh or bronchitis; my own feelings told me that I could resist any amount of cold, and I was obliged to suppress a longing to walk out upon the leads, with no other covering than my sheet, into the midst of the sleet and wind. Had the lead-flat been a terrace or lawn, I could not have resisted the temptation. To a person prone to take cold on exposure to slight draughts of air, this instinct of defiance of cold seemed very strange—one of the phenomena of the thermæ."

The immediate physiological effects of highly heated air on the body are an agreeable feeling of warmth to the skin, which soon becomes soft and pliant, and profuse sweating. This sweating is said not to debilitate, but, being merely an increase of excretion of water with effete matter by a natural emunctory, has a tonic influence. It is said that the body feels *lighter* after these sweatings, as though it had lost something which oppressed it. It has, however, been suggested that this same pleasurable lightness is experienced by those in the habit of being bled, and is rather an evidence of temporary debility.

Another physiological effect is the increased respiratory function of the skin while undergoing the thermal process. We know but little of the oxygenizing of the blood through the skin; but to whatever extent it does take place must be through its capillary circulation, and the hot-air bath floods the peripheral arterial capillaries. The writer above quoted says that "the lungs, which are the great oxydizers of the blood, are, in structure, very little different from the skin, the difference between them being more of position than organization; the mucus membrane of the lungs is an inverted skin, while the skin may be regarded as an everted lung." We do not think that there is physiological evidence of this great extent of the breathing function of the skin.

As another important physiological effect, it is claimed that the heat-cure restores the *normal* sensibility of the skin. The ordinary condition of the skin is said to be that of hyperæsthesia to impressions of heat and cold, with atrophy from habitual exclusion from air and light. The skin of the face and hands is not so painfully sensitive to heat and cold as that of the rest of the body; at the same time it is more sensitive to other impressions than other portions of the surface. The influence of the thermæ is to make the skin of the entire body, physiologically in its perceptions, like that of the hands and face. By the habitual use of the hot-air bath, the skin is said to become so as not to be painfully impressible to ordinary degrees of cold. Mr. Erasmus Wilson, in illustration of this fact, says:—"I lately saw a child, four years and a half old, who had been brought up in the constant use of the thermæ, and who had never worn clothes. He is a sturdy little fellow, graceful in his figure and movements, and has the independence of deportment of an Indian chieftain. Blows and outward injuries do not affect him painfully as they would other children; and, being met one day playing in the snow, he was asked whether he was cold. 'Cold!' said the boy, touching with his finger his chest and cheek; '*yes, I think I am cold.*' It required that he should pass his finger over his body, as he would have done over a marble statue, to become aware that the surface of his skin was in external sensation, cold." An occasional habitual resort to the thermæ by persons in health, is said to heighten the color of the skin, give it firmness and elasticity, removing the harshness and dingy tints frequently seen.

The therapeutic use of the thermæ may be inferred from these remarkable and decided physiological actions. A great emunctory of the system has its duty vastly increased. As the patient stands in the calidarium, the sweat first appears in sparkling drops on his entire surface, and then streams off until pools of water collect at his feet. He becomes thirsty and drinks plentifully of water; this is rapidly exuded in sweat, but carrying with it in solution effete matters, thus washing and refreshing the blood. Abnormal effusions or excessive deposits, as of fat, are, by the increased action of the absorbents, rapidly removed. The over-

burdened liver and kidneys are relieved by the eliminating function of the skin taking their place. Diseases which, like gout and rheumatism, depend on a morbid saline condition of the blood, as it is believed, are relieved by the morbific matter being dissolved and washed out. The thermal treatment is said to cure ague by breaking up the cold stage, and substituting what is the natural finale—the sweating stage. The most enthusiastic advocate of the heat-cure thinks that a high temperature will stop the fermentative (?) process of zymotic diseases, and at a high temperature will destroy animal poisons! Its direct application to the integument must make it a powerful alterative in skin diseases in which the secreting function is torpid.

All this, and much more, is claimed for the system of THERMO-THERAPEIA. In this country, as far as we know, it has not been tried. Let its rational application be studied by the profession, that it may not receive discredit or be abused by empiricism.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The next annual convention of this society will meet on the second Wednesday of June, at *Pittsburgh*.

The purpose of locating the meeting so far west, is to facilitate the attendance of delegates from the counties on the western slope of the Alleghenies, who may often have been prevented by distance from attending the meetings in the eastern part of the State.

A committee of arrangements was appointed last year from the State at large, as it is, of course, proper that such a meeting should be independent in all respects. There is reason to hope, however, that the profession in that part of the State may embrace the occasion to renew and strengthen their ties of medical organization, both with each other and with the State society.

Fears have been expressed (we hope without sufficient reason) that the national organization may be seriously shaken by our perilous political troubles and agitations, and that the Chicago meeting will suffer in consequence. But, however this may be, *State* affinities, at least, ought not to be affected by the perturbations of a crisis which, in politics, has rather tended to render stronger the individualization of the several States.

Medical organization has even a political as well as a professional and social utility. We hope, therefore, sincerely that, through the efforts of those who recognize its great advantages, a new impulse may be given to it in this meeting in the metropolis of the western part of our State.

There is, we may confess, some boldness in the society thus inaugurating a meeting in a region from which so few delegates have heretofore attended its sessions. It may fail; but, at all events, it will show, on the part of those who attend from other distant parts of the State, an earnestness in their interest in medical advancement and union, which will do them credit.

It will be, we may add, more than usually convenient this year to attend the three conventions in which medical men are most interested. The National Sanitary Convention will be held at Cincinnati, during the last week of May; that of the American Medical Association, at Chicago, in the first week of June; and that of the State Medical Society of Pennsylvania, in the week following the latter. All three of these meetings can therefore be attended without much loss of time. It is probable that this fact will increase the number of attendants upon each of them.

All of the railroad companies throughout the State have consented to furnish *free return tickets* to delegates to the State Society, upon their giving evidence of their having attended its convention.

There are a great many counties in the State which have, as yet, no medical organizations. Pennsylvania is very much behind most of her sister States in this respect. If the profession, in the counties where no medical organizations exist, will *go vigorously to work*, there is ample time yet to organize societies and send delegates to the meeting at Pittsburgh. We shall be

pleased to chronicle the formation of medical societies in every county in the State. There are reasons why Pennsylvania should have the most efficient State and county medical societies in the country.

How many counties will issue calls, through our pages, for meetings on the last Wednesday in May, for the purpose of forming county medical societies?

FIELD SERVICE.

For several months the heart of the nation has throbbed spasmodically, as it were, in expectation of some dire calamity befalling it. The terrible reality is upon us. Civil war is inaugurated! We may and we shall ignore the political causes that have reversed the shadow on the dial-plate of time, and carried a great, prosperous, and *Christian* nation back into the dark ages of the world's history. Sincerely deploring the misfortune that has befallen us, as a nation, and expressing an ardent hope that the dark clouds that overshadow us will soon be dispelled, we propose to make a few remarks on the bearing of these stirring times on our profession.

The policy of our nation being eminently one of peace, military medicine and surgery, so familiar to the readers of European medical journals, and entering so largely into European medical politics, is only seldom heard of in journals or among the profession on this side the Atlantic. The exigencies of the times in our country, however, threaten to call into active service a very large military force, a very important part of whose officering will consist of surgeons. It will be the duty of these men to adapt themselves to their new positions. They must make themselves familiar with the routine of duty, whether in the camp, the field, or on ship-board. Military hygiene, as well as military surgery, will demand their most serious attention. The health of thousands of brave men will be confided to their care, and they may, by the adoption of proper sanitary measures, be able to prevent much sickness, which is always of more importance than to cure it after it is once established. If, in the progress of events, contending hosts should meet in sanguinary conflict, (which may Heaven avert!) their knowledge of anatomy and familiarity with the operations of surgery will be put to a severe test. They must hold themselves prepared to meet every surgical emergency, bearing in mind that almost every year brings into use some new form of weapon of warfare, causing wounds which require new expediencies of treatment. During the recent war in northern Italy, it was found that some of the new projectiles did much more damage to the bony structure than the simple rifle ball, requiring much patience and skill on the part of the surgeon. The use of anæsthetics, which have never yet been employed in our military surgery, will, should necessity call for it, be found a priceless boon in the hands of the surgeon.

Let not those whose duty or inclination call them into the employ of the government, in either branch of the military service, as surgeons, underrate the importance of what is ordinarily termed "minor surgery." Let them familiarize themselves with the different forms of bandage, and their application, with the proper modes of preparing fracture apparatus for use, and their adjustment, and with the gentlest, most speedy, and most effective mode of dressing minor injuries: bearing in mind that more real surgical skill is often displayed in these smaller operations in surgery, than in the larger and more showy ones.

Above all, let them remember that their mission is one of mercy, to relieve suffering, and that circumstances may call them to minister to friend and foe alike. This service, if rendered in the spirit which should actuate our profession, will be accorded as cheerfully and with as great alacrity to enemies, as is consistent with their first duty to the wounded of their own army.

We have thus early given expression to the above thoughts, as it is probable that some, for whom they are intended, will very soon be placed in circumstances that will deprive us of the opportunity of reaching them.

The Census of London, which will be taken during the present month, will, it is thought, number nearly three million persons.

Correspondence.

LETTER FROM NEW YORK.

New York, April 13, 1861.

Messrs. Editors:—According to all accounts, David Meredith Reese, A.M., M.D., LL.D., Professor, etc., is very ill. Fears are entertained that he will not again mount ye *Gazette's* editorial stool. The full diagnosis of his sufferings seems somewhat obscure; but no doubt exists as to the presence of cardiac, probably valvular, disease. General dropsy set in several weeks ago, and he is said to lose a large quantity of serous fluid daily by oozing out from his lower extremities. A man of less cerebral energy would probably long have succumbed, but he himself feels great hopes of his speedy recovery. Although he is an unpopular man among his compeers, and has many bitter enemies, there is still sympathy for him in his illness. The profession in the city has itself to blame for any degradation it may allege to have suffered through him.

Certain it is, to our mind, that the predominating mean *esprit medical* of Gotham has goaded him on to be what he has been, and a marked improvement in his medical *morale* has been, with an occasional fierce lapsus, unmistakably manifest for the last few years. That he has great talents, none that knows him can truthfully deny; his zeal, enthusiasm, and impulsiveness might surely have been turned by his medical brethren into a channel for the elevation of medicine only, and he might have been acknowledged one of the brightest ornaments—one of the ablest members—of our profession.

The intelligence in the Reporter of the 6th inst., of the death of Dr. E. J. Fountain, has been received by very many in this city with feelings of the most profound sorrow. We have learned that he died from the effects of taking, at a single dose, an ounce of chlorate of potash. He had already given it in divided doses of two ounces per day, and felt the greatest confidence in its harmlessness. We anxiously await the particulars of this fatal experiment. Dr. F. certainly was one of the most intelligent, noble-hearted, and, considering his early age, promising men in the profession. He lived and died for science. Peace, honor, and fame for his memory!

In medical politics there are many interests stirring. As to Bellevue Hospital Medical College, we endorse the truthful exposition by your correspondent, Manhattan. A couple of letters have passed between the Commissioners of Charities and Correction on the one hand, and the Medical Board of Bellevue Hospital on the other, relative to the providing a building, etc., for the new school. It is stated in one letter from the Medical Board that it is designed simply to render the wards under their charge, under proper regulations, subservient to clinical instruction, without interfering with the existing privileges of students of other institutions. It is intended that the college shall be entirely separate in its government from that board, the faculty of the new college occupying themselves with the instruction of the students, clinical instruction being the prominent feature.

It seems further that the sinews of war will have to come mostly, if not entirely, from the private pockets of the aspirants to professorial honors.

Much anxiety is manifested in medical circles, as well as by "Drug Men," as to the appointment by the Administration at Washington, of a Drug Inspector for this city. The candidates in the field, we suppose, rely mainly on their claims for political services, and it will probably be mere accident if a truly competent man get the place. We learn, however, that a medical gentleman of high scientific attainments, a graduate of old Yale, a private student in the laboratory and office of Prof. Silliman, the elder, for some years past one of the most efficient police surgeons in the city, and, in every way most competent to fill the post, is one of the applicants. This gentleman has the undivided sympathy, as far as we have ascertained, of all who interest themselves in preventing the importation of deleterious drugs; and if the interests of the community, and the wishes of those best capable of judging, are consulted in the choice, none other will be appointed. The position, especially in Gotham, the metropolitan port of entry for the whole country, is a very important one for the protection of the public from adulterated and worthless drugs. It is a post, too, in which every physician feels a direct interest, and we earnestly hope that we shall get a "capable and honest" Inspector of Drugs.

The "Metropolitan Health bill" has at length passed the State Assembly. It has yet to be acted upon by the Senate. It divides New York, Kings, and Richmond counties into "Health Districts," takes all the power relating to the public health out of the hands of the present health authorities, and vests it in Commissioners, independent of the Common Council, City Inspector, etc. There is considerable excitement here over the bill. Particulars in our next.

Gotham.

AN ITINERENT QUACK AND HIS REMARKABLE SUCCESS.

Messrs. Editors:—The gullibility of our people was practiced upon a few weeks since by by an empiric, styling himself Dr. Lerimond. Taking a room in the chief hotel, he issued placards, circulated handbills, and little circu-

lars, so that in six weeks time he had received between one and two hundred dollars in cash, and had booked between two and three hundred dollars. One of his cures was to be on a mute, who in ten days was to be sound. But weeks passed, and the kind attentions of the doctor failed to accomplish anything. The mute was still a mute, her hearing being irrecoverably lost.

A runner from Cincinnati, named William Burgoyene, came to the hotel, sick, and, after an illness of eight days, left on his business, carrying the marks of a pustular disease on his person. When the doctor was told that it was small-pox, he ridiculed the idea, and called it Illinois mange. The result has been, that ten persons have taken the small-pox within three weeks of the time of Burgoyne's leaving. The proprietor of the hotel, Mr. Jesse Powel, has died with it, one other narrowly escaped with his life, the business of the house was prostrated—a tremendous expense, in consequence. The trade of the town has been almost entirely arrested, and Dr. Lerimond, preferring the Central Illinois Railroad mode of conveyance to the Illinois rail-splitters, left on short notice!

So vanishes the glories of this world.

James Robarts.

Carbondale, Ill., April 10, 1861.

LETTER FROM ILLINOIS.

Galesburg, April 6, 1861.

Messrs. Editors:—As you wish through your journal to keep the profession posted in all that concerns the general health, I beg leave to trouble you with a few facts, neither fancies nor theories.

Puerperal Fever.—Since October, all through this section of country, we may almost be said to have had an epidemic of puerperal fever. In my own practice there have been five cases, the most of them after delivery at full term; but one decided case was from abortion in the third month. There have been several deaths from this cause, but all of them, so far as I could ascertain, were either in the practice of quacks through the whole course of the disease, or, so long, that when the services of the profession were called in, the cases had progressed so far that no treatment would avail. I have not lost any of my cases, having had them exclusively under my own control. The plan of treatment I have relied on has been veratrum viride, to control arterial action, and opium in large and calomel in small doses, but in no case has ptyalism been produced. Having watched with the greatest interest the treatment of those who rely on active purgation, I am more and more convinced that though the cases so treated *may recover*, yet it is not the best mode.

One of my cases, in which acute peritonitis was the prevailing symptom, assumed a typhoid character, and the case ran on for five weeks. In this last case, after the typhoid symptoms had become prominent, she was treated with opium, essence of beef, and wine whey, and made a good recovery.

Pneumonia, especially among children, has also been prevalent. I have treated all my cases with veratrum, syrup of ipecac., and camph. tr. opium, sustaining them with the essence of beef. This has been my treatment of all the cases, except a torpid condition of the liver called for the hyd. c. creta. Nineteen cases have been thus treated without the loss of one.

Vaccination and Re-vaccination.—As we have had one case of small-pox, the whole community has been awakened to the propriety of vaccination. I have vaccinated 193 children who had never been vaccinated. In all the vaccination has been successful. Vaccinated also 43 adults; 30 of these had been previously vaccinated, and showed the characteristic cicatrix. Of these 30, who had supposed themselves secure, but two have come under the influence of the virus the second time; one was a gentleman 38 years of age, and the other a lady 25 years old. In two cases of adults who had been previously vaccinated, the arms became very sore and swollen, but the characteristic pock did not appear. Yours very truly,

B. Woodward.

HERNIA OF FOURTEEN YEARS' EXISTENCE, AND ITS RADICAL CURE.

Messrs. Editors:—This subject brings before me an Irish gentleman, Mr. Thomas M—, who served as an officer of no ordinary distinction for eleven years in the British service in the East Indies.

When a young man of twenty-three, and while a collegian in Ireland, he first discovered the existence of hernia; not having the slightest knowledge of its nature, he neglected professional consultation for a whole year, while his only relief was the frequent application of his hand through his breeches pocket. He, at this period, became an officer in the British service, and soon after embarked for India in that capacity, where he consulted the distinguished Dr. Boyce, in Carachee, above the river Indus, in the Bombay Presidency, who immediately recommended the application of a truss. This he used continually for two years, and after this, at irregular intervals, when occasion required its application.

He returned to Europe in 1847, when he resigned his position, and having an inordinate desire to the participation of freedom with free men, he embarked for America in 1848, where his talents and general worth raised him to several distinguished positions.

He is now a respected and useful member of society in the neighborhood of New York, where he has principally resided.

For the last four years he has had no occasion to use a truss. This seems to be a radical cure—without an operation—under the occasional application of the truss.

Jno. Malone, M.D.

Brooklyn, April 5, 1861.

NEWS AND MISCELLANY.

Commercial Hospital, Cincinnati.—The Legislature of Ohio has passed a law reorganizing the Commercial Hospital of that city. The law goes into operation on the 1st of May. The *Lancet and Observer* says:—"For the future, the hospital will be under the management of a board of seven trustees, who are to serve without pay. Two of them are to be appointed by the Superior Court, two by the Court of Common Pleas, one by the Governor, and the Mayor and the oldest member of the Board of City Infirmary are to constitute the other two. This board has power to discharge the present medical staff at pleasure, and appoint whom they may please. The ugly monopoly which the Medical College of Ohio has so long exercised over the hospital, so detrimental to medical teaching, has at last been broken up. Dr. Drake began an active opposition, in 1837, against the monopoly exercised by the Medical College of Ohio, and now we live to see it successful. We hope the new board will take a large and liberal view of the interests of the hospital and medical teaching in this city, and appoint good men on the staff of the hospital. The law is not all that was desired, and, unless the hospital service is rendered by men unconnected with the college, further legislation will be sought for to amend it. The object and the wish is to have the hospital organized with a corps of surgeons and physicians well qualified in every respect, who have time sufficient to devote to it."

Lacordaire having been elected a member of the Academy of Sciences, in Paris, was recently received by that body. The following, which we quote from the Cincinnati *Lancet and Observer*, gives an interesting account of the proceedings on that occasion:

"The reception of Father Lacordaire into the Academy of Sciences, Paris, at a meeting in January, drew a great crowd. The chamber of the Academy was crowded by the elite, all the distinguished savans, members of the imperial family, including the Empress, Princess Mathilde, and many distinguished foreigners. He is the first monk ever elected a member of the distinguished body. In the words of a correspondent, 'It was a strange sight to see the tribune of that hall, sacred to literature and science, occupied by a man clothed in a white woolen frock, with sandals on his feet, the top of his head shaved, and a rope suspended from his girdle, in token of his mission of humanity in saving the lives of his fellow-creatures. It was still more curious to see that man, thus clothed in the simple habiliments of the monk of Mount St. Bernard, and in the presence of a learned assembly, composed mostly of the elite of the Legitimist party, stand up and boldly eulogize the democracy and the institutions of America, to the derogation of the democracy and the institutions of France, and of Europe.' The subject of Father Lacordaire's speech was the life and character of De Tocqueville. He was elected to fill the vacancy of the latter, who, as our readers are well aware, died a short time since.

"We hope the day is not far distant when we shall have either a National Academy of Sciences, or one in each State, which shall compare favorably with that of Paris, embracing the learned of all professions, working together for the good of humanity."

African Women.—The African explorer, Dr. Livingstone, states, in a recent letter, that he has found nothing more remarkable among the highly intelligent tribes of the Upper Zambeza than the respect universally accorded to women by them:

Many of these tribes are governed by a female chief. If you demand anything of a man, remarks the intrepid explorer, he replies, I will talk with my wife about it! If the woman consent, your demand is granted. If she refuse, you will receive a negative reply. Women vote in all the public assemblies. Among the Bechaunas and Kaffirs the men swear by their father; but among the veritable Africans, occupying the centre of the continent, they always swear by their mother. If a young man falls in love with a maiden of another village, he leaves his own and takes up his residence in hers. He is obliged to provide in part for the maintenance of his mother-in-law, and to assume a respectful attitude, a sort of semi-kneeling, in her presence. I was so much astonished at all these marks of respect for women that I inquired of the Portuguese if such had always been the habit of the country. They assured me that such had always been the case.

Still Another New Anthelmintic.—Following on those of recent origin, as Kousso, Pumpkin Seeds, and Kameela, another, called the Mesenna, has been presented before the French Academy of Sciences. The Parisian correspondent of the *Lancet* says, that it is claimed to have the power of destroying the parasite without deranging the stomach, or disturbing the functions of any other organ. M. Courbon, a French naval surgeon, who accompanied an exploring expedition to the Red Sea coasts, says that the mesenna resembles the *Acaciæ Lebbeck* of Linnæus, and should be classed with the genus *Albizzia*. The powered bark of the tree is used, in doses of one or two ounces, made into a mixture or paste.

Erratum.—In the Reporter for April 6, in Dr. Johnson's article on Coloboma, eighth line from commencement, for "viscous" read *vicious*.

The Influence of Marriages of Consanguinity.—A writer in the *Lancet* suggests the importance of recording in all hospitals the degree of consanguinity of parents of patients, as the best means of ascertaining the influence of alliance of blood relations in producing diseases of their offspring.

Fatal Parturient Hemorrhage in a Cat was recently reported to the London Pathological Society. The body of the animal was exhibited, and an autopsy made. The placenta was found partially detached, but with the exception of thinness of walls of the uterus, nothing abnormal was noticed.

MARRIED.

Newton—Gillette.—March 27, Geo. J. Newton, M. D., of Gloversville, N. Y., and Miss Emma S. Gillette, of the same place.

DIED.

Hamersly.—At Thorndale, Pa., on the 8th inst., Louisa Graff, infant daughter of Dr. E. S. and Louisa G. Hamersly, aged 9 months.

Hamersly.—On the 15th inst., in the 31st year of her age, Louisa G., wife of Dr. E. S. Hamersly, and daughter of the late Charles Graff, Esq.

Ward.—In Newark, N. J., April 9, Arthur William, aged 3 years and 10 months, and Frances Elizabeth, aged 10 months, children of Dr. William S. and Elizabeth S. Ward.

Eckelman.—At Mottville, Mich., April 9th, by Rev. A. S. Bartholomew, F. C. Eckelman, M. D., of Bristol, Indiana, and Miss Lizzie Look, of Selin's Grove, Pa.

A meeting of the District Medical Society, for the county of Essex, was held in Newark, on the 10th inst., to express their feelings in regard to the death of Dr. Oscar J. Akers. Remarks were made by Drs. Baldwin, Smith, and Grant, eulogizing the deceased.

A committee of three, consisting of Drs. Coles, L. A. Smith, and J. F. Ward, were appointed to draft resolutions, who reported the following, which were adopted:

Whereas, in the inscrutable providence of God, our friend and brother, Oscar J. Akers, has been removed from earth by the sudden stroke of a brief illness,—

Resolved, That the many excellent qualities of the deceased—his geniality and kindness of heart, his sound judgment and ample information, especially on topics connected with his profession—give us great and unusual reason to mourn his loss.

Resolved, That this painful event adds another to the many instances, often too little appreciated, where physicians have laid down their lives on the altar of professional duty; and that this consideration may legitimately assuage the grief of his sorrowing friends.

Resolved, That we tender our sincere sympathy to his bereaved wife and relatives, asking permission to mingle our regrets with theirs.

Resolved, That we attend the funeral in a body, and wear the usual badge of mourning for thirty days.

Resolved, That a copy of these proceedings be published in the journals of the city, and also in the *Medical and Surgical Reporter*, and the same be furnished to the family of the deceased.

Hiram H. Ticheno
Secretary.

Answers to Correspondents.

Dr. O. H. P., Georgia.—The works you mention can be sent by mail. The cost, including postage, will be about $10. We will procure and forward them, if you desire it. The numbers of the Reporter (219 and 223) have been sent.

Dr. J. T. R., Wisconsin.—We refer you to notices of works on diphtheria in this and in a late number of the Reporter. We have published a good deal on the subject. We refer you to Dr. Pepper's Lectures, published last January; Dr. Alonzo Clark's, published more than a year ago; Dr. Hartshorne's Paper, and the discussion it elicited before the Philadelphia County Medical Society.

Dr. W. S. H., Pennsylvania.—The following is Norwood's formula for making tincture of veratrum viride:—"Root of veratrum viride, dried, 8 oz.; alcohol of the shops, undiluted, 16 oz. Macerate from ten days to two weeks." It will be perceived that the formula is rather indefinite in some of its terms; but the evident object is to get a saturated tincture.

Dr. L., California.—Times are so "out of joint," and interests of such momentous importance are transpiring, that it would be useless to push the inquiry you make now.

Dr. B., New Orleans, and others.—The table of Mortality of Cities will be resumed as soon as we can make arrangements to do so. We labor under very great difficulty in getting reliable reports, and those that we do get require much labor and patience to harmonize them. However, the reports are useful, and will be resumed when arrangements are made. They demand *a large part of one person's time and attention.*

COMMUNICATIONS RECEIVED.

Connecticut—Dr. J. B. Lewis, with encl.; Dr. W. N. Clark. *California*—Dr. T. M. Logan; Dr. S. Page, with encl. *Delaware*—Dr. G. G. Hammond, with encl. *Florida*—Dr. W. J. Scull, with encl. *Georgia*—Dr. O. H. Paull. *Illinois*—Dr. C. Goodbrake, with encl.; Dr. A. S. Barr, with encl.; Dr. J. Robarts; Dr. H. Austin, with encl.; Dr. J. A. Brown; Dr. J. N. Ralston, with encl.; Dr. J. L. Perryman, with encl. *Indiana*—Dr. W. P. Welborn; Dr. F. C. Eckleman. *Kansas*—Dr. A. Woodhull, with encl. *Kentucky*—Dr. J. S. Hatchitt, with encl.; *Maine*—Dr. A. W. Currier. *Massachusetts*—Dr. H. H. Mitchell (2); Dr. C. B Smith, with encl. *Mississippi*—Dr. J. W. Shattuck. *New Jersey*—Dr. H. H. Tichenor; Dr. J. Roberts; Dr. E. T. Blackwell. *New York*—Dr. G. J. Newton; Dr. A. F. Ward; Dr. L. Bauer; Dr. E. Collins; Dr. J. Swinburne; Dr. G. D. Crispell, with encl; Dr. C. E. Halsey; Dr. J. B. Jones. *North Carolina*—Dr. D. W. Lewis; Dr. W. T. Howard. *Ohio*—Dr. N. B. Tyler, with encl.; Dr. W. B. Davisson, with encl.; Dr. R. W. Johnson; Dr. G. W. Barnes; Dr. A. Jones; Dr. J. Williams, with encl. *Pennsylvania*—Dr. J. Ream; Dr. F. B. Martin, with encl.; Dr. J. V. Epler, with encl.; Dr. R. Davidson, with encl.; Dr. T. G. Morris; Dr. T. B. Cooper, with encl.; Dr. E. E. Smith, with encl.; Dr. C. L. Lyon, with encl.; Dr. J. K. Hertz, with encl; Dr. A. F. Herman, with encl.; Dr. H Yerkes, with encl.; Dr. O. D. Palmer; Dr. Geo. Byerle, with encl. *Tennessee*—Dr. H. M. Moore.

Office Payments.—Dr. H. B. Buck, Pa.; Dr. W. T. Taylor, Pa.; Dr. W. H. Magill, Pa.; Dr. Wm. Leiser, Pa.; Dr. B. W. Stauffer, Pa.; Dr. Silas Purdy, Nova Scotia; Dr. J. T. Atkinson, Nova Scotia; Dr. Thos. R. Simpson, Ohio. By Mr. Hulme: Dr. F. R. Graham, Pa.; Dr. C. Preston, Pa.; Dr. David Rose, Jr., Pa.; Dr. J. D. Cardeza, Del.; Dr. J. C. Wetherby, N. J. By Mr. Swain: Drs. C. Cady, De Lacy, Heritage, Larrison, Sinclair, McGrath, and Gilliams.

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Fee.....$10.

A Course of Practical Laboratory Instruction will also be given, if desired.

For Tickets and further information, apply to the subscriber at the Laboratory, between 12 and 2 P.M., No. 10 CHANT Street, Tenth, below Market.

ap6-3t JOHN J. REESE, M.D.

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FEMALE SUPPORTERS,
SHOULDER BRACES,
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SPINAL APPARATUS
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We have introduced the Crystaline Chloride of Propylamine very extensively to the Medical Profession during the past year, and have received many testimonials of its remarkable success in the cure of Rheumatism, where all other remedies had failed.

A full report of its trial in the Pennsylvania Hospital, in this city, will be found in the numbers of the *Medical and Surgical Reporter* of May 19th, 23d, 26th, and June 9th, 1860, extracts from which we have published, and will send on application.

Many Physicians have requested us to prepare it in a form more convenient for administration, and in such a manner as to disguise its odor and taste. The new form in which we now offer it to the profession will be found to meet all these requirements.

THE ELIXIR

Is prepared according to the published formula, each tablespoonful representing three grains of the Chloride of Propylamine. It is handsomely put up in bottles containing about 6 oz. each, and is agreeable to the taste.

The recent remarkable cures which have come under our notice, enable us to offer it with confidence to the Medical Profession as well worthy of a trial.

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Russet Leather, embosssed, and lined inside with Velvet. The Bottles in these Chests are Flint Glass, with ground Stoppers. They are accurately fitted in separate divisions to insure safety in carriage. Each Chest fastens with a Spring Lock. These Chests are admirably adapted to the use of Physicians who use Carriages in their practice, and are confidently recommended for their neatness, compactness, and durability.

No. 1. (fig. 78 in the Catalogue) contains—
4 4-oz. stoppered Bottles.
18 2-oz. " "
20 1½-oz. " "
16 ½-oz. " "

The Drawer under the Bottles contains—
4 1-oz. covered Pots,
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and ample space for Instruments and Packages.

Dimensions of this Chest are—
15 inches long, 9¼ inches wide, and 9¾ inches high.....Price, $20
Price, with Scales and Weights.....21

No. 1.

No. 2 (fig. 79 in the Catalogue) contains—
4 4 oz. stoppered Bottles.
16 2-oz. " "
18 1½-oz. " "
6 ½-oz. " "

The Bottles are in a mahogany Tray, lifting out.

The space under the Tray contains—
4 1 oz. covered Pots,
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and space for Instruments, Packages, &c.

The dimensions of this Chest are—
15¼ inches long, 9¼ inches wide, 9½ inches high.....Price, $18
Price, with Scales and Weights..... 19

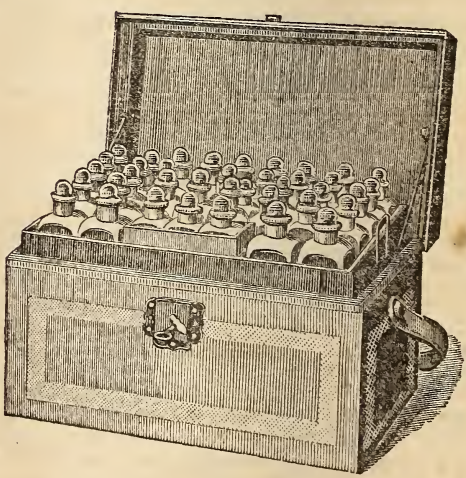
NO. 3 (fig. 80 in the Catalogue) contains—
16 2-oz. stoppered Bottles.
18 ½-oz. " "

The Bottles are contained in a mahogany Tray; the ½-oz. Bottles are in a smaller Tray fitting in the larger, giving convenient space beneath for small packages.

The space beneath the large Tray contains—
4 1-oz. covered Pots,
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and Space for Instruments, Packages, &c.

The dimensions of this Chest are—
12½ inches long, 8 inches wide, 9½ inches high. Price, $13 50
Price, with Scales and Weights.....14 50

No. 2.



No. 4 (similar to fig. 79) contains—
15 2-oz. stoppered Bottles.
12 1½-oz. " "

The Bottles are contained in a mahogany Tray, which lifts out.

The space under the Tray contains—
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and space for Instruments, Packages, &c.

The dimensions of the Chest are—
9¾ inches long, 7¾ inches wide, 9 inches high, Price, $10 50
Price, with Scales and Weights.....11 50

No. 5 (similar to fig. 79) contains—
15 1-oz. stoppered Bottles,
in a mahogany Tray, which lifts out, leaving a vacant space underneath, 3½ inches deep, for Instruments, Packages, &c.

The dimensions of this Chest are—
7 Inches long, 5½ inches wide, 9 inches high.....Price, $6 50

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Box Pattern, with Trays to Lift Out.

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No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

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No. 1, containing 27 1 oz. Ground Stop. Bottles,
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" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
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" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

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No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

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It possesses all the sedative, anodyne, and anti-spasmodic powers of Opium
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To relieve pain and irritation, nervous excitement and morbid irritability of body and mind, &c.

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Nor any derangement of the constitution or general health.

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NEW YORK, *January* 11, 1859.

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Yours respectfully,

D. MEREDITH REESE, M. D., LL. D.,
Late Vice President of the American Medical Association; Resident Member of the New York Academy of Medicine; Editor of the American Medical Gazette, &c.

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 236. } PHILADELPHIA, APRIL 27, 1861. { NEW SERIES, VOL. VI. NO. 4.

ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Two Cases of Empyema. Delivered at the Pennsylvania Hospital, April 3, 1861.

By Francis G. Smith, M.D.,
Attending Physician.

The history of the first patient I bring before you, in illustration of some remarks I intend to make on the condition known as empyema, is somewhat obscure. He has been in the wards during three terms of service. He is a sailor, and says that upon one occasion he received a blow upon his left side. Subsequently to this, he presented symptoms which resembled acute pleurisy, with effusion into the pleural cavity, and he states that subsequently to the occurrence of this pleurisy, and when he was supposed to be, to a certain extent, convalescent, a bulging took place on his side, posterior to the region of his heart, and that after a while fluctuation appeared and the swelling was laid open, and about half a fluid ounce of pus was discharged from it. Subsequently, another swelling took place, posteriorly to the first, and a similar bulging occurred there, with fluctuation; and that an incision was made into that tumor and another half ounce of pus discharged from it; and that when, sometime after this, he was admitted into the house, it was supposed that he was laboring under empyema, with a fistulous communication into the cavity of the pleura.

That he has had a pleurisy there are unquestionable evidences, and that this pleurisy resulted in effusion is also unquestionable, and that a portion of this fluid has been taken up and the lung has partly returned to the performance of its function is equally unmistakable, but as to the existence of a fistulous communication with the cavity of the pleura, at this time, there are reasonable doubts.

An examination of the chest gives the following details: the left side is flattened and depressed, it does not move as freely as the right side, and the respiratory murmur is heard throughout that side much less distinctly than on the right. Now, when pleurisy with effusion takes place, and the lung is pressed down to the bottom of the thoracic cavity by this effusion, its function becomes very much interfered with, the air vesicles are liable to collapse, and when, subsequently, the effusion is taken up the lung does not always expand in a degree corresponding with the absorption of this fluid. The pressure of the atmosphere on the outside of the chest, then, not being counter-balanced by that on the interior, the sides of the chest are pushed in by the weight of the superincumbent atmosphere, as you see in the patient before you. And these results, together with those shown by physical exploration, are the evidences of there having been a previous pleurisy with effusion.

When I place my ear over the chest I distinguish the respiratory number in the upper part of the lung, but, on coming down to the inferior portion of the organ, the sound at the bottom entirely disappears, and instead of there being any resonance on percussion at this point, I find that there is decided dullness, which may be owing to the fact that some adhesions have taken place at the inferior portion of the lung, in consequence of which its movements have been crippled and the air prevented from gaining complete access to it: or, perhaps, it may be due to the increased thickness of all the tissues on the outer surface of the ribs, from two points of which I show you fistulous orifices discharging pus, and supposed to communicate with the pleural cavity.

I am disposed to doubt the existence of a previous empyema or a fistula, because, had the

cavity of the pleura become filled with pus, and had an opening taken place, we should have expected to have seen a much larger amount of fluid discharged than half a fluid ounce; (though I do not deny that it may have been a circumscribed pleurisy,) and this is a caution which I would impress upon you, and when the second opening occurred, we should, in like manner, have had discharged a larger quantity of pus than that described. And still further, if there had been established a communication between the outer wall of the chest and the cavity of the pleura, the air would, in all probability, have rushed in at every inspiration and have produced pneumo-thorax, with greatly increased resonance of the chest on percussion, none of which effects have presented themselves in the history of the case of this patient, for had there been any such state of things it would certainly have left unmistakable evidences. I find, also, that on passing a probe into either of the orifices it passes horizontally toward the other, but not toward the interior of the chest.

These facts, taken together with the history of the case, as well as a remembrance of the blow received on shipboard, induce me to think that the pus which has formed and been discharged at different intervals, and which he is now discharging from the walls of his chest, instead of being the result of an empyema, is the result of a fistulous opening, altogether exterior to the cavity of the thorax, and probably depending on some disease of the bones in that part of the chest, beneath which the discharge is taking place.

Another case which I present to you, in this connection, is one of less equivocal empyema.

In this case, there has been pleuritic inflammation, probably in the diaphragmatic and inferior portion, with adhesions, by which adhesions communication between the lower portion of the sac and the superior part has been cut off. In this portion pus probably accumulated, empyema thus presenting itself as a consequence of the pleurisy.

When empyema thus occurs, the pus may be discharged in various ways. Through the external walls of the chest, as was supposed to have been the case in the other patient, or as has been the case in the present instance, upward through the lungs, and thence by expectoration. When he came into the house he presented evidences of a cavity in the posterior part of the lung. He had cavernous respiration, very marked pectoriloquy, and, it was thought, amphoric respiration and purulent expectoration, after an attack of pneumonia supervening on his previous and original attack of pleurisy. On one occasion, after the supervention of symptoms of a somewhat hectic character, he was suddenly seized with violent coughing and purulent expectoration, and he has continued to expectorate pus from that day to the present time, always discharging a greater or less quantity, sometimes large quantities at a time, and sometimes with an interval, as if the matter was accumulating until a sufficient quantity was amassed to make a considerable discharge; after the discharge he experiences some relief. His condition is now improving; there is still some gurgling distinguishable on auscultation, showing the existence of a fluid material through which air is passing; all the other symptoms are moderating, his color is better, he has gained flesh, and has a very fair appetite.

The treatment has been throughout of a sustaining character, with the administration of some expectorants and sedatives. His strength is sustained by tonics and a full diet, and by the use of eutrophies, in the form of cod liver oil, iodide of potassium, glycerine, etc. Under this treatment he has notably improved, and a hope is now entertained that the cavity will ultimately decrease still more, and he will go out of the house if not whole, at all events so little crippled as to be able to pursue his ordinary vocation.

———o———

Dr. Nott's Operation of Removal of the Coccyx.—The *Medical Times and Gazette*, of March 23, contains a letter from Mr. Simpson, of Edinburgh, in regard to his recent removal of the coccxy for long-continued coccydynia, an operation which, at the time, he believed to be original with himself. Mr. Simpson acknowledges the priority of the operation to Dr. Nott, of Mobile, who first performed it in 1832, and has, since that time, frequently repeated it with success.

Mortality of Hartford, Conn.—Population, 1861, 29.207.

	For 1860.	For last 10 years.
Total mortality, one in	70.56.	One in 60.84.
Zymotics, " "	29.88.	" " 30.15.
Consumption, " "	11.70.	" " 12.51.

Deaths in 1860, 425; of which there were under five years of age 200.

Lectures on the Iris and Choroid and their Diseases.

By Laurence Turnbull, M.D.,
Ophthalmic Surgeon to the Howard Hospital.

No. 5.

ARTIFICIAL PUPIL.

I stated in my lectures on the diseases of the crystaline lens, and their treatment by operation, that cases of closed pupil would sometimes result, and that these cases must not be left to total blindness, which is too often the case.

An operation can be resorted to so as to give a new passage to the rays of light. Especially is this necessary if the effusion of lymph, closing up the natural pupil, has been the result of injury or traumatic inflammation, or from opacity of the cornea.

In my last lecture I dwelt upon the uncertain nature of any operation, when the closure of the pupil resulted from rheumatic or syphilitic disease. Great care must, therefore, be taken to determine whether the patient has any perception of light, after all the acute symptoms of inflammation has passed away, for if no light is seen, the chances for vision by an operation are very slight.

Woodhouse attempted to form an artificial pupil, by introducing a needle through the sclerotica, and endeavored to divide the fibres which bound down the iris, and to open up the closed pupil, but it was not fully attended with success. The credit is due to the distinguished English surgeon, Cheselden, who published his method in 1735, which was as follows:—The eyelids being held open by a speculum oculi, he introduced a spear-pointed single-edged knife, with its flat surface parallel to the iris, through the sclerotic coat, at the part punctured by the needle in the operation of depression. Having penetrated the coats of the eye, he carried the point of the knife through the iris into the anterior chamber, until it reached the nasal margin of that membrane; he then turned its edge backward, and in withdrawing the knife divided the iris as extensively as he was able: the patient recovered sight. Cheselden's operation, immediately after its publication, was eagerly adopted by surgeons in every part of Europe, but not with such good success, owing, no doubt, to a want of the selection of proper cases. This operation was revived by Sir W. Adams, with very good results.

About this time the new operation for the removal of cataract by extraction had been introduced, and owing to closure of pupils, want of union, etc., a new operation for artificial pupil was carried into effect by Baron Wenzel.* He, by a single stroke of his bistoury, (or ceratotome,) divided the cornea and iris at the same time, removing afterward a portion of the latter, by means of scissors, for the purpose of leaving a large and permanent pupil in it. Soon after M. Pelier de Quinsgy and Plenck recommended an operation for artificial pupil, nearly similar to the Baron's.

Janin, also, made a section of the cornea of the same size, as if he were about to extract the cataract. He then introduced the points of a small pair of scissors under the flap, and made a *vertical* incision in the nasal portion of the iris.† Then followed the operation of Professor Beer, which was as follows:—After having made with the cataract-knife a flap incision of the cornea, a line in length, and as near to the sclerotica as possible, if the iris be nowhere adherent with the cornea, and be projected in the shape of a small roll from between the lips of the wound, by means of the aqueous humor lying in the posterior chamber, he immediately lays hold of the projecting part with the small cataract hook, and cuts it off quickly with Daviel's scissors, on a level with the lips of the wound; when the iris has retracted, a properly-shaped pupil makes its appearance.

If the iris, however, be anywhere adhering with the cornea, and the pupil be only distorted, then, after finishing the incision of the cornea, the small hook is to be introduced through the wound, that its point be neither directed toward the iris nor toward the cornea, and the surgeon attempts to seize with the pupilling edge of the iris in an oblong direction, and to draw it forward below the lips of the cornea; he then quickly cuts away the part which has been drawn forward by means of Daviel's scissors. Lastly, if the pupillary edge of the iris be glued to the cornea, at the spot where the artificial pupil should be made, the large circle of the iris must be laid hold of by means of a hook; or, if this tear out, it is to be held with fine-pointed toothed forceps and drawn out between the lips of the wound, and some of it cut away within the lips of the wound that it may not tear when more powerfully dragged.

* Wenzel on the Extraction of Cataract, p. 240.
† See Memoires sur l'Œil.

When the operation is finished, the patient is to be treated as after extraction.*

The following are the general rules which should guide the surgeon in operating for artificial pupil:

1. "In most cases it is undesirable to operate when the other eye is sound.

2. An artificial pupil should not be attempted in an eye which has lost all perception of light.

3. Nor where inflammatory action is still going on, or has only very recently subsided.

4. Great care must be taken not to mistake for true cornea the semi-transparent fibrous tissue which sometimes overspreads the iris in the condition called *staphyloma.*

5. The history of the case must be minutely inquired into to ascertain the presence or absence of the lens.

6. The pupil should be made as nearly central as possible, provided the cornea in that situation be sufficiently transparent.

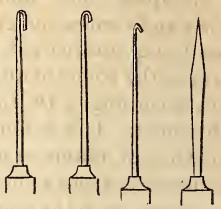
7. If the artificial pupil be clear and well defined, a small aperture is better than a large one.

8. The rule to inflict upon the parts as little violence as possible, which holds good of all operations, is peculiarly applicable to those for artificial pupil, for they are always performed on eyes that have already suffered from inflammation, and sometimes to a very considerable extent."†

There are three principal modes of operating, and various modifications of them according to the nature of the case. First, by *laceration;* second, by incision; and third, by excision.

Laceration, Mr. Dixon considers "as a rough, clumsy, and unscientific proceeding." Yet the author has seen some very good results following the method of operating by Mr. Critchett and Dr. Littell. I will, therefore, describe it: It was originally proposed by Reichenbach in 1767, but not put in operation until 1780 by Wenzel, senior; then modified by Beer in 1805; but is generally performed in the manner recommended by Mr. Gibson, of England. "An incision three or four lines in length is made in the cornea immediately in front of its junction with the sclerotica; the aqueous humor escapes, and is usually followed by a slight protrusion of the iris, which should be increased by gentle pressure on the inner and upper part of the globe, until the prolapsed portion equals in size the head of a pin, when it must be excised by the curved scissors, including in the part removed a portion of the pupillary margin. If the iris does not readily protrude, in which case either one of the small, blunt hooks (fig. 6)

Fig. 6.



may be introduced, the membrane drawn forward, and the excision performed as before, care being taken not to include too large a segment, otherwise the aperture will exceed the required dimensions. If adhesions have formed, as in synechia anterior, (or adhesion of the iris to the cornea,) they may be separated with the point of the knife employed to puncture the cornea. In cases of central opacity, the pupillary margin being unadherent, Professor Himly was accustomed to prolapse a portion of the iris through a small opening in the cornea, immediately at its circumference, without subsequent excision of the membrane; and this more simple operation has, on several occasions, been successfully practiced by surgeons of this city. It is termed the operation of *distortion.* The cornea is incised with a cataract knife near its junction with the sclerotica, commencing a little below the middle and extending so as to divide nearly one-fourth of the circumference of the cornea. The knife is carried steadily and rather quickly forward to prevent the escape of aqueous humor before the completion of the incision, as its sudden discharge will favor the prolapse of the iris, so as to adhere to the cornea, forming a useful artificial pupil.

The following case, which I witnessed, will illustrate the good results of this operation:

May 3, 1858.—M. McC., aged forty years, came under care for inflammation of the ball of the eye. This eye had been operated upon for artificial pupil eleven years before by distortion of the natural pupil, previous to which he had been entirely blind from a dense opacity of both cornea. After the operation, he had learned brush-making, and was not only able to make brushes, but also to guide himself about so as to sell them.

The second method is called *Incision.*

The operation depends for its success upon

* Weller's Beer, by Monteath, 1821, p. 62, 63.

† Dixon on the Eye, p. 374.

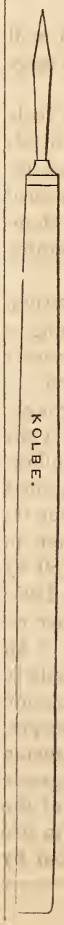
the contractibility of the radiating fibres of the iris. When this property has been destroyed, the division of the iris not causing retraction, no benefit follows. In recent cases of closure of the pupil, prolapsus iridis, and in adhesion between the iris and cornea, the greater portion of the cornea being transparent, and the iris stretched between the points of attachment and adhesion, it is, according to Dr. Littell, preferable to any other mode. It is performed by introducing the iris-knife of Adams, or needle, (fig. 6,) through the sclerotica, about a line from its junction with the cornea, as in the operation for the removal of cataract by solution or depression, and piercing the iris at the distance of one-third of its semi-diameter from its temporal margin; the point of the instrument is then carried across the anterior chamber to the nasal edge of the cornea, when it should be partially withdrawn, with gentle pressure upon the iris, and if the division be not accomplished again, passed forward, and the manœuvre repeated, until fibre after fibre has been divided. The chief difficulty arises from the facility with which the iris yields before the pressure necessary to divide the texture, a circumstance which requires great caution on the part of the operator to avoid separating the iris from its ciliary attachments. The knife should be extremely sharp and dexterously used to avoid this accident. When the case is complicated with cataract, the capsule and lens may be divided at the same time. Injury to this body is unavoidable, and it should, therefore, be so broken up and removed by the scoup or dissolved in the aqueous humour. Two very excellent pupils were formed in the manner just described. Both patients were blind from the explosion of gunpowder in blasting rocks; in one a triangular segment of the iris, at its inner and upper part, had been driven inward, and the inflammation which followed had terminated in obliteration of the pupil, and the copious effusion of lymph into the posterior chamber; in the other, the lens was opaque, and the contracted pupil obstructed by lymphatic deposition adhered at its lower margin to the cornea: producing, at the point of union, a slight opacity of that membrane. In the former case the iris was divided in its transverse diameter, the fibres retracted, and the opening, which was situated chiefly on the temporal side, remained permanent; in the latter, the division was necessarily made considerably below the median line. The patients in both instances recovered a very useful degree of vision.

Excision.—This is the method preferred by Mr. Dixon, and for the means of its accomplishment we are indebted to Mr. Tyrrell, for his "blunt hook." (See fig. 6.) This has been modified by Mr. Dixon. I can better give his method by extracting a case of his:

Case 1. "Complete destruction of one eye and obliteration of pupil in the other by purulent ophthalmia—operation of artificial pupil twenty-seven years afterward.

The operation in this case was attended with much disadvantage in its performance, on account of the rolling motions of the eyeball, and from the circumstance that no part of the cornea was quite clear. Its result is encouraging to the adoption of a similar procedure in many like cases, which have, probably, been given up as beyond hope of benefit.

Fig. 7.



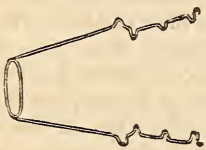
Mary Ann H——, aged twenty-seven, came to me in the following state: The left eyeball collapsed and lost; the right smaller than natural, and constantly rolling about. The cornea of the right small, and densely opaque throughout two-thirds of its extent; the upper and outer part hazy, but allowing the iris to be seen through it. No vestige of pupil: that portion of the iris having become identified with the dense and slightly prominent cicatrix at the centre of the cornea. The lens was presumed to be absent and to have escaped through the large ulcer which had given origin to the cicatrix. The patient had been reduced to her present condition by an attack of severe purulent ophthalmia just after birth. She had retained, however, the perception of light, and could even recognize the colors of bright red or yellow surfaces, if held close to the eye: but beyond this she had not, from the earliest infancy, enjoyed the faculty of sight. On the 14th of October I made an artificial pupil opposite the upper and outer part of the cornea, puncturing the latter with a broad cutting needle, (see fig. 7,) the point of which was made to penetrate the iris, close to its union with the corneal cicatrix. A. Tyrrell's hook, (fig. 6,) with a shortened bend, was then passed in at the little aperture made in the iris, and a small portion of the latter drawn out and cut off. A good pupil resulted, and this was further improved

a week later by the removal of a fine band of iris, which ran across the aperture. Hardly any irritation followed these operations, and within a few days of their completion the patient could test her newly-acquired powers of vision.

She is very intelligent, and learned the forms of most common objects with great quickness, distinguishing certain objects as square or round the first time they were presented to her. She was afterward furnished with a convex glass to compensate for the want of a crystaline lens."*

Mr. Dixon also considers it of importance to prevent the premature escape of the minute quantity of aqueous humor which still remains in some case of old injury to the cornea, and that all unnecessary pressure on the globe must be avoided. The lid, therefore, should be held apart with a spring speculum, (see fig. 8,) and

Fig. 8.



the eyeball steadied by pinching up with a broad-bladed forceps, such as I before represented, a small fold of the ocular conjunctiva.

At Moorfields, Mr. Critchett informed me that his favorite operation was *Iriddesis*, or the operation of tying the iris. He stated that it is performed in the following manner: The patient, if at all restless, being placed under the influence of chloroform, the wire speculum is inserted, and with a pair of forceps, a small fold of the conjunctiva close to the cornea is held so as to fix the eye. An opening is then made with a broad needle through the margin of the cornea, close to the sclerotica, and just of sufficient size to admit the canula forceps: with it a small portion of the iris near, but not close to its ciliary attachment, is seized and drawn out to the extent considered necessary to enlarge the pupil. A piece of fine floss silk, previously tied in a small loop round the canula forceps, is slipped down and carefully tightened around the portion of the iris made to prolapse, so as to enclose and strangulate it. This manœuvre requires a little practice and dexterity, and is best accomplished by holding each end of the silk with a pair of small forceps, with broad extremities, bringing them exactly to the place where the knot is to be tied, and then drawing it moderately tight. A single tie is sufficient. The ends are then cut off, and the operation is complete. Little or no irritation usually follows. The small portion of iris included in the ligature speedily shrinks, leaving the little loop of silk, which may be removed from the eye about the second day. This operation has also been performed by Mr. Bowman and Mr. Poland, and the results have been very satisfactory; the size, form, and direction of the pupil can thus be regulated.

* Dixon on the Eye, English edition, Appendix, p. 416.

COMMUNICATIONS.

Arrest of Development of Cranial Bones; Epilepsy.

By J. M. Toner, M.D.,
Of Washington, D. C.

Our profession having an interest in the record of rare cases, I beg leave to report the following one, as possessing a physiological interest in the arrest of ossific development, and a pathological one in the essaying of new and diseased manifestations, and also in the question whether its history and symptoms will warrant an operation with a reasonable hope of relief.

In February, 1859, I was professionally called to a member of the family of Mr. L., who had recently moved to this city from Pennsylvania. Incidentally, my attention was drawn to the peculiarity of the bones of the head of one of his sons, a sprightly child, about four years of age. His face was pleasant, his manners frank, self-possessed and amiable, and he had a clear, rather florid complexion, light-colored hair, accompanying a nervous, sanguine temperament. The peculiarity alluded to consists in a fissure or opening in the calvaria, varying from three-quarters to one inch in width, and extending from about one inch and three-quarters below the superior border of the occipital bone, and a little to the right of the occipital protuberance to about the middle of the left parietal bone. The course of the opening is upward and slightly inclining to the left, through the superior angle of the occipital bone and the posterior fontanelle, and extending along between

the parietal bones, bearing most upon the left, until near the summit of the skull. Here the opening is partially bridged over by narrow, bony projections, joining together the parietal bones. Then the cleft diverges still more to the left and entirely into the left parietal bone, where it ends, making the whole length of the opening in the skull a little over five inches.

The edges of the bones forming this opening are apparently serrated and thickened, and protruding somewhat from the regular curve of the bones of the head. A line drawn from the eminence of the frontal bone to the protuberance of the occipital measures seven and five-eighth inches, which is greater than it should be in boys of his age, but owing principally to the prominence assumed by the bones around the cleft.

The width of the head is normal. The brain at this time had no protection at the fissure but its ordinary membranes and the scalp, from which the hair grew with the same luxuriance and regularity as from other parts of the head, while it perfectly conceals the defect in the bones from the casual observer. The pulsations of the brain could be distinctly felt and seen through the opening, and yet even severe pressure produced no perceptible effect upon the brain or its functions.

The pupil of his eye is at all times large, though active. I have also frequently observed him, whilst I pressed the opening with as much force as was allowable, for four and five minutes, without his being in the least affected, either in his muscular strength or in his activity of thought, ready and correct utterance, or in the general functions and operations of the brain.

The case being novel and full of interest to the student of medicine, I presented it to professors in each of the medical colleges of this city, and they thought it sufficiently interesting to comment on it before their classes.

HISTORY OF THE CASE.

When an infant of about six months of age, his nurse fell with him in her arms down a flight of stairs of about fourteen feet descent. The nurse was badly hurt, and the child received such severe injuries, particularly about the back part of the head, as to cause it to remain for three days in a comatose state, from which it happily recovered. It had no convulsions at this time, having been treated with active antiphlogistic remedies.

It was discovered, after this recovery, that there was something peculiar about the bones of the back part of the head, and it was naturally attributed to the injury received in the fall.

I am of opinion, however, that the peculiarity is an arrest of ossific deposit in the development process, beginning possibly before the birth of the child, and, unobserved until this accident, called special attention to the head; for fracture can hardly be supposed to have taken place to so great an extent in the bones of the head, which are soft and elastic at this age, and not have caused death.

The child grew up healthy, and exhibited as much vigor of intellect as any member of the family. He has a good memory and judgment; his parents have always been anxious on account of his condition, and watched over him with more than ordinary care and solicitude.

They imagine that he has met with more mishaps at his plays; was not quite as active at running or climbing, and was more apt to fall than any of their children. This conviction has so far prevented them from sending him regularly to school; but he has been taught at home, and seems to be as apt as the other children of the family. But, at the date of this writing, I think a close scrutiny will detect a rather shrinking and hesitating manner, timid, bashful look, and a cautious, studied, balancing movement when walking.

The boy has always been healthy, requiring no medical attention from the time of this accident up to July, 1860, with the exception of a slight attack of scarlet fever, from which he speedily and perfectly recovered. His parents tell me that from about two years of age until July last, when symptoms of his present disease first made their appearance, he had had occasional moderate bleedings from the nose at night when sleeping. These bleedings have only occurred twice since that time.

During very warm weather in July, 1860, whilst he was, to all appearance, in the enjoyment of the best possible health, he was seized with a kind of fainting, which his parents attributed to his having played in the hot sun. I was not in the city at the time, and Dr. Eliot prescribed for the case. But as there was no evidence of any special functional derangement or suffering, it was not thought necessary to put him upon active treatment.

He continued in good physical health, and, for several weeks, gave no symptoms of sus-

pension of power. But they became gradually more frequent, and excited uneasiness and alarm in his parents. Upon my return, I was consulted about the case. I gave some medicines and hygienic directions, which, however, had no effect in arresting the progress of the disease.

The attacks were at irregular hours of the day, and, with one exception, none have occurred when sleeping. No regular number of days or weeks has intervened between them. At first they were not oftener than every two or three weeks, but gradually became more frequent and severe, so that some days he has had two or three seizures. The duration of these paroxysms varies from a few seconds, in the slight attacks, to two, three, or four minutes, in the severe convulsions.

They also vary from simple loss of power, with all the muscles relaxed, to a rigid stiffening of them, in whatever position they may occupy when attacked, to the rapid alternate contraction and relaxation of the most violent convulsive character.

An attack of greater severity than any that had preceded it occurring in October, I was called to see him, but he had recovered from the paroxysm when I arrived at the house. There was now no doubt but that these attacks were of an epileptic character. This was the first paroxysm in which a regularly convulsive character had exhibited itself.

This suspension of power would occur without excitement, and whilst in any position, either standing, walking, sitting, or lounging. Even when eating at table, his head sometimes dropped on his breast for an instant, his arms remained fixed, without his losing hold of his knife and fork, or his seat, and then he would go on eating and talking, as though nothing had occured.

He has had seizures in which the muscles have become instantly fixed and rigid, the limbs remaining immovable in whatever position they happened to be at the moment he was attacked, until the spasm ceased. No general excitement, flushing of the face, palpitations of the heart, throbbing of the temporal arteries, restlessness, lassitude, or lethargy, have been observed to precede these attacks.

Since the paroxysms have become so frequent and severe, his parents imagine that days in which he has had an attack he is not quite so cheerful, good natured, and obedient, as is usual with him.

His skin is, and always has been, free from eruptions of every kind, and all the functions of the body are healthy and regularly performed. On the most careful inquiry, I can make out no hereditary tendency, nor a single case of scrofula or epilepsy can be discovered in either branch of the family. Yet I think the patient is of a strumous diathesis.

The heart's action is little, if at all, disturbed, even in the spasm. The sphincter muscles have never lost their power, even in the most severe seizures. The spasm of the muscles of the throat and glottis ceases; a guttural and choking sound in breathing, accompanied with a copious flow of saliva, and sometimes frothing at the mouth. At times the attack ends with a peculiarly wild and horrifying scream, which strikes incredible terror in the bystanders—a terror they cannot explain, or yet resist.

The eyes, during an attack, are fixed and staring, or convulsed with alternate relaxations and violent contractions from the one canthus to the other. The pupils remain nearly unchanged; the temperature of the body is not perceptibly altered.

The tongue has never been wounded in a convulsion by the teeth. The patient never has seen any person in a convulsion, and can recal no circumstance of his own condition after he has recovered.

On several occasions he has been noticed to put out his hands to save himself in falling, indicating some fleeting conciousness. All the senses are restored before the recovery of the power of speech. He can stand, walk, and act intelligently for several minutes before he can speak.

He is a calm sleeper, awakes early in the morning, and is bright and anxious to get to his plays. His appetite is good, but he is not a great eater.

He has never vomited after one of these attacks, and there is no symptom pointing to oppression, irritation, or disturbance of the functions of the liver, or the mucous membrane of the stomach or bowels. Occasionally, after one of the severe convulsions, he will complain for a time of pain in the front part of the head. He has never complained, however, of pain where the bones are defective.

At first, anthelmintic medicines were given, with a view to expel worms, if they were, by irritation of the intestinal canal and by reflex action upon the brain, the cause of this con-

dition. But as none were passed, I concluded the cause was seated somewhere else. He has never had inflammation of or discharge from the ears.

A consultation was had with Dr. Eliot, who had prescribed for the boy in his first attack. We entertained little or no doubt but that it was a case of epilepsy. But whether the cause arose from the abnormal condition of the bones of the cranium, was a question not so easily determined.

It was decided not to pursue any very active course of treatment, hoping that the cause might be a temporary one, and would pass away, and with it the spasms, or that a spontaneous cure might take place, as is sometimes the case. An issue was established in his arm, and kept discharging for a month, but with no arrest in the frequency or gradually increasing severity of the spasms.

About the first of December, a consultation was held with Dr. R. K. Stone, and by this time a fluctuating fluid was accumulating perceptibly upon the brain, and filling the opening between the bones. The issue was abandoned, and a seton introduced in the back of the neck.

Medicines were also given to stimulate the absorbents, and carry off the fluid, if possible.

Our efforts were directed to prevent its increase, for we feared an accumulation of water upon the brain, either as a cause or a consequence of the condition and symptoms then developed.

The water was easily detected by the wave on percussion, and by changing the position of the head, when the water would gravitate to the lowest part of the fissure. Dr. Stone, upon examining the case very carefully, about two months after his first examination, discovered, by pressing deeply and firmly into the opening, a new ossific deposit was taking place, and it had almost bridged over the fissure, but quite a half inch below the surface or outer table of the surrounding bones, and must, as a matter of course, be as much below the inner table of the calvaria. The seton had been discontinued.

This fluid must be within the dura mater, else it would spread and accumulate under the scalp.

Yet, whilst standing at a considerable distance from the patient, this fluid could be seen as it swelled through the aperture and flowed out over this new and imperfect bridge, and disclosed the heart's impulse upon the arteries of the brain.

This bony bridge must be at least partly within the membranes proper to the brain, as it is covered by fluids contained within them. And as this bridge lying across the fissure was not felt at any previous examination, each of which has been as thorough as we could wish, Dr. Stone agrees with me that it is fair to presume that it is of very recent growth.

If we are correct in this opinion, it may be the sole cause of the epileptic attacks, and at the same time excite a chronic inflammation which might produce the effusion of water upon the brain.

This osseous bridge now being organized may be the efforts of nature to repair the original defect, and not a diseased or accidental growth, and yet be the cause of some abnormal irritation in the brain already predisposed by the age of the subject and its exposed condition. If it be an irregular growth, and obedient to no known law of form and development, a spicula may be projecting into the brain, pressing upon or wounding it, producing some unknown condition or irritation of the nervous mass which culminates, relieves, or exhausts itself in one of these epileptic attacks, to re-accumulate or be renewed after a period of time, and then to be again relieved or exhausted in the same way.

A few days since, I had an opportunity of examining his head whilst he was in one of these attacks, though it was not one of the severest character.

To my surprise, not a particle of the fluid which I had always easily detected heretofore could be felt, the scalp and the deep bridge preventing even my feeling the pulsations of the heart through the brain as formerly.

His parents told me that for thirty-six hours after this occurrence, there was no fluid perceptible. The fluid which had occupied this space must have been removed by absorption, and was merely coincident with the spasm.

Or can it have a diverticulum or cavity within the brain, or cerebro-spinal cavities to retreat to? I am convinced it did not escape under the scalp, else I should have detected it!

There is, at the present writing, an undoubted increasing accumulation of water as it begins to distend perceptibly at times the sack through the cleft, and then again it becomes quite placid, or is entirely removed.

If we discover that the fluid, which we know

to be in variable quantities upon the brain. is always most abundant before a spasm, and its greatest accumulation coincides with the severest attacks, we will seriously entertain the propriety of drawing off the liquid. This will require close observation and time to decide.

His nervous system is perceptibly giving way, and there is a falling off in weight and solidity of muscle.

Can there be much doubt that there has been an irritation of the brain created and maintained by this new ossific process? If we were perfectly satisfied, though we probably cannot be, that the whole cause of the epilepsy is the new bony formation going on in the fissure, would good surgery justify the searching over five inches of the brain for the offending portion of bone?

What degree of hope does the history of this case give that the use of the most approved remedies for epilepsy would be of any benefit?

Hooping Cough—Its Pathology and Treatment.

By B. Woodward, M.D.,

Of Galesburg, Ill.

The pathology of hooping cough, as endeavored to be established by dissections, or exclusively by symptoms, has been involved in obscurity; but if we take the *negative* testimony of the pathological anatomist, and such testimony as can be gathered from symptoms, together with the *positive* testimony afforded by the effects of remedies, whose mode of action is known, we may, perhaps, be enabled to determine its cause with tolerable certainty. Pathological anatomy then proves that it is not an inflammatory disease either of the air-passages or cells.

The auscultator and percussor might say that it was a disease of the lungs, because mucous râles are heard, but when he recollects the revelations of the knife, the theory fails. The character of the cough, which is paroxysmal, and the fact that emesis puts an immediate end to the coughing, together with the established fact that certain forms of irritation of the pneumogastric and cervical nerves will produce both cough and vomiting, would seem to indicate that it is nervous in its origin and progress. Complications may and often do arise, bronchitis or pneumonia may supervene, but these are not hooping cough, any more than hypostatic engorgement of the lungs in typhoid fever is the typhoid fever itself.

What, then, is the testimony of therapeutics?

It is negative, so far as the whole range of antiphlogistics and expectorants are concerned. None of them do more than to abate the symptoms: they do not in the least modify or arrest the disease. But if it was inflammatory, certainly we should look for this effect from their use.

Examine the pages of our best authorities, and it will be found that though expectorants and other evacuants are to some extent relied on, yet narcotics are the class of remedies most to be depended on. When Dr. Jackson first recommended belladonna, in his valuable papers on hooping cough, he pointed out the true nature of pertussis from the effcts of belladonna in its treatment, though he did not designate his views of its pathology. The great objection to his mode of treatment, is, that it requires, if not the constant supervision of the physician, more than ordinary intelligence in the nurse, or dangerous consequences may follow. Conium, hyosciamus, hydrocyanic acid, and opium, among the more active remedies, and strong coffee among the milder narcotics, have been deservedly praised; but if, as I think has in other papers been shown, verat. viride has a controlling influence over the pneumogastric and phrenic nerves, then to this list we must add the last-named drug. This view has led me to try it in a great number of cases, and it has succeeded beyond my most sanguine hopes. Coffee and conium I had used with advantage, but they alone, though they gave relief, did not arrest the disease.

Having a family of children from eighteen months to ten years of age to treat for hooping cough, I was induced to try a combination of coffee, neat oil, and conium. My formula was as follows:

℞. Best roasted Java coffee ℥ iv.; tinct. verat. virid. f ℥ ij.; ext. conii. fluid. f ℥ iv.; boiling water, loaf sugar, q. s.; displace with the boiling water f ℥ viii, and add of loaf sugar enough to make a syrup. When nearly cold, add the verat. viride and conium.

Of this syrup I gave from half a teaspoonful to a teaspoonful every four or five hours, and continued its use till the cough was well. This treatment not only arrested but cured the cough in from eight to twelve days. I have since used it in a great number of cases, and

where there have been no serious complications with like good results. Where either pneumonia or bronchitis has supervened, the coffee has been omitted, and the verat. vir. and conium used, as in the uncomplicated cases, there is this advantage of the treatment. It has an equally happy effect in the lung complaints, as in true hooping cough. Though neither the profession or the medical press will tolerate long-winded articles, having a great show of learning or crude theories, I have ventured thus to give my views, assured that if it is thoroughly tried, physicians will be satisfied with the mode. I will add but one word more. It seems to me that it is keeping the nervous system *continually* under the influence of the remedies which break up the disease, and it has this further advantage, the system is not in the least debilitated by the treatmeut.

Lumbar Abscess Opening into the Bowels.

By C. E. Cady, M.D.,

Of Philadelphia.

Mr. W——, a tall, thin, cadaverous looking young man, with a sallow complexion, and dark hair and eyes, called upon me, October 4, 1860, complaining of constipation, debility, impaired digestion, occasional rigors, succeeded by fever, copious night sweats, restlessness, tenderness over the liver, pains, etc.

He was ordered some pills, each containing ½ a grain of blue mass, and 1½ grains of sulphate of quinine—one pill to be taken every six hours, and fifteen drops of nitro-muriatic acid at bed-time.

October 8. He called again, somewhat improved in appearance, and expressed himself as being benefited by the medication. He was directed to take a bitter infusion, in which some iodide of potassium was dissolved, and I saw nothing more of him until October 13, when I was asked to call upon him at his home, where I found him laboring under a raging fever, loaded tongue, extreme prostration, severe pain in the lumbar region, and extending down the thighs, hectic, etc. Examination revealed a slight circular elevation of the skin over the third and fourth lumbar vertebræ, with deep-seated, but indistinct fluctuation. The skin over the tumor was not discolored.

Brandy and water, carbonate of ammonia, wine, camphor, beef tea, juleps, etc., were given the patient, and a soft warm poultice kept over the abscess, until October 21, each day the fluctuation appearing more distinct, and the circumference of the tumor gradually extending, principally downward.

I appointed the next day for opening the abscess, but the patient seemed in great dread of the operation, fearing additional torture to the pain he had already suffered. During the night he experienced a sudden desire to evacuate his bowels, and being assisted to the chamber vessel, discharged nearly a pint of yellowish pus, mixed with some fœcal matter and blood. The abscess had spontaneously opened into the bowels.

The after treatment consisted in a broad bandage being kept around the body, with some additional folds of muslin over the site of the tumor, and the internal exhibition of barks, wine, quinine, iron, etc. He made a good recovery.

Illustrations of Hospital Practice.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Gross.

April 3, 1861.

SCROFULOUS ABSCESS OF THE NECK.

Catharine McCaffrin, twenty-four years of age, was brought to the clinic on account of a large swelling over the central portion of the neck, very red and inflamed at its lower portion, and fluctuating. This tumor was very tender on pressure, and presented the appearance of an enlargement of the subcutaneous veins in this region.

It occupied the front of the neck below the chin under the jaw. In all other respects the patient seemed to be in good health.

Notice was first taken of this tumor some years ago, when it appeared as a little, soft lump, and only within two months had it commenced to grow. It originally occupied a position some distance from the central portion of the neck considerably to the right side. It had never been opened.

It was first thought to be a cystic tumor of the neck, for such tumors often occur about the face and in various parts of the cervical and cranial region, although liable to occur, also, in other parts of the body.

At the lower portion of the tumor, the tenderness and appearance of inflammation led to the supposition that the case was one of scrofulous or cold abscess, making an effort at ulcerative action to discharge itself.

The tumor was opened and a quantity of scrofulous pus evacuated from it. After the discharge, there was found below the seat of the swelling a solid tumor about the size of a pullet's egg, which is doubtless the original disease, which had been noticed for so many years. This was situated about the region of the hyoid bone.

The whole contents of the abscess were not discharged at once, but a tent was introduced into the wound, and it was directed to draw off the rest of the pus in a day or two afterward.

The patient was given a quarter grain of morphia to control the action of the heart and prevent undue reaction.

BRONCHOCELE, WITH ENLARGEMENT OF THE LYMPHATIC GLANDS.

Bridget Joyce, aged twenty-five years; has been affected for a year with a swelling on the neck, which she attributes to a cold. Her general health is not very good, and her voice is unnatural, from the pressure of the tumor; she has a poor appetite, does not sleep well at night, and complains of some difficulty in swallowing and a smothering sensation. Her bowels are regular, and she is well in all other respects.

She has a large swelling occupying the front part of the neck, which never gave her much trouble until within two months, since which time her voice has changed.

The tumor is remarkably broad, and extends up along the sterno-cleido-mastoid muscle on each side, though more on the right side than on the left, and along the very centre of the neck.

The tumor rises with the larynx in its motions, and the parts seem to be very nearly natural in color, etc. The tumor is overlapped by the sterno-cleido-mastoid muscle on both sides, and there is an appearance as if there might be an involvement of the lymphatic ganglions of the neck, and we must assume that the disease is of this character, otherwise we could not readily account for the ascent and descent of the tumor during deglutition, and the disease, therefore, combines the characteristics of the goiterous and lymphatic tumors.

The treatment ordered is to be half a grain of the iodide of iron three times a day, in combination with one-sixteenth gr. of tartar emetic, and two grs. of extract of cinchona, so as to improve the tone of the digestive organs, and act as an alterative and tonic.

Five grs. each of blue-mass and compound extract of colocynth, with one grain of ipecacuanha, is to be given every fourth night, so as to produce a free alvine evacuation, keeping the bowels in a soluble condition.

Locally, an ointment is to be applied, composed of the iodide of lead, in the proportion of fifteen grains to the ounce. The parts are to be washed with warm water and castile soap, and well dried before each application of the ointment, and at night she is to wear gauze flannel to protect her neck.

The diet is to be plain and simple, abstaining from the grosser animal food and vegetables; she is to eat fish, such as shad, etc.; eggs; occasionally a little mutton chop, well done; and she can eat chicken and oysters, but must abstain from beef, salt meat, pork, etc., etc. Especially must she avoid coffee and fresh bread. Her suppers must always be light.

When the weather becomes warmer, she is directed to wash her whole body with strong salt tepid water, and be rubbed afterward with a dry towel, so as to produce proper reaction.

ANOTHER TUMOR ON THE NECK.

W—— T—— E——, aged seventeen years, a gas fitter by trade.

He has had a tumor growing on his body four years. It is situated at the upper and back part of the neck, extending some distance up the occiput. It is movable, and evidently just beneath the skin. It feels very much like a sebaceous tumor, but might be a lymphatic tumor in a state of partial suppuration, as there appears to be in it some fluctuation.

A perpendicular incision was made into the skin, so as to prevent the bagging of a lower flap, which would have resulted after a horizontal incision, while an oblique incision would have its edges separated by the movements of the head and neck.

A quantity of scrofulous pus was discharged, and the glands being in a state of alteration were removed.

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Every One His Own Doctor.—In an English popular work on Domestic Medicine, just issued, is the following laconic but terrible direction for the treatment of consumption:

"It is the general practice to salivate the system by small doses of calomel and kino, followed by a course of iodine, either in the form of burnt sponge, hydriodate of potass, or tincture of iodine. Inflammation is subdued by small bleedings, two or three times repeated, leeches on the chest, blisters, or the counter-irritation of tartar-emetic ointment."

Cultivation of the Cinchona in India.—An attempt is now being made to introduce this important tree into the East Indies. For this purpose an agent was sent to Peru, and a large number of plants were, after much difficulty, transported to India and planted. Some of them are said to be thriving.

Molluscous Literature.—A book has just been published in London, with the title, "The Oyster; where, how, and when to find, breed, cook, and eat it."

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

Wednesday Evening, March 13.

Dr. Remington was called to the chair.

THE MICROSCOPE IN ITS APPLICATION TO PATHOLOGY AND DIAGNOSIS.

(*Concluded from page* 70.)

Dr. Woodward said that as the subject under discussion was one that came within the domain of his own personal studies he felt it to be his duty to contribute a few remarks, were it only for the purpose of provoking discussion.

The availability of the microscope in medicine might be regarded from either of two stand points; we may look on the one hand at its relations to *patholoyy*, on the other to *diagnosis*.

With regard to *pathology* its value could not be doubted; it was revolutionizing our medical faith. Through its contributions to minute normal anatomy and physiology, as well as to pathological history, it was daily paving the way for the greatest improvements; and even those who, at the present day, do not appear to appreciate this mode of investigation are indebted to its earlier observation for their medical views, to an extent that they would hardly care to acknowledge.

Aided by *micro*-chemistry, which was daily becoming more available, medicine might hope much from the results of future labors in these directions.

He would at this time avoid discussion of the relations of the microscope to pathology, and limit himself to the question, how far is the microscope of practical value to the physician *as an addition to his other means of diagnosing disease?* And in reply to this question he did not hesitate to express his opinion that while the instrument was, in certain cases, an indispensable addition to our other means of forming a judgment, its utility, nevertheless, was limited to a comparatively narrow field, so that, on the whole, we could much better do without the microscope in the sphere of diagnosis than in that of pathology.

He would, at the beginning, therefore, express the opinion that the microscope was only a means of improving the sense of sight, and that microscopical observation stands in the same relation to general diagnosis that any of the other *visual* observations might do. It is very easy to recognize a phosphatic crystal or a blood corpuscle in the urine. When, however, we come to interpret these phenomena, a host of other conditions must be regarded, with which, very often, the microscope has nothing to do. Some physicians appear to entertain very different ideas; sometimes ideas that must be designated as extravagant with regard to the utility of the microscope. How often had he received from medical friends specimens of urine or of sputa without any history of the case, or other information, and accompanied by the request, that he would tell what was the matter with the patient and what it was best to do for him!!

For himself, he continually resorted to his microscope in diagnosis, but what it could reveal he regarded as but a single link in the chain of facts, which served as the data for the diagnosis in any case. He insisted upon this view of the subject, because he believed that professional confidence in this mode of investigation could not but be diminished, if it was approached with too lofty and extravagant expectations, and that modesty and caution on the part of microscopists, at this early period, was necessary, if they would obtain from it the greatest amount of practical assistance.

He had not come there for the purpose of partaking in this discussion, and was not prepared to enter into a detailed consideration of the various morbid conditions in which the microscope occasionally or frequently threw light on diagnosis. A few points might, however, be briefly alluded to.

Thus, first the microscope might be applied to the diagnosis of *diseases of the skin*. Besides the use of a simple lens, which often aids in the grosser examination, it had been affirmed that certain skin diseases, as favus, pityriasis versicolor, mentagra, etc., were characterized by the presence, either as cause or invariable concomitant of certain characteristic cryptogamic vegetations, while others are due to the existence in the skin of animal parasites, as is the case in *scabies*.

But in the case of the cryptogamic diseases, granted that any one of the classifications at present in vogue is strictly correct, which is somewhat doubtful, or that each of the affections presents a special parasitical plant, which may well be disputed, we are met on the one hand by the extreme practical difficulty of diagnosing special cryptogamia in the *state* of *spores*, which is that most frequently seen on the skin; and on the other by the great facility with which a diagnosis can be made of the cutaneous affection by the naked eye alone. And although in a case of itch, the presence of the *sarcoptes* would be conclusive, yet the creature is not so easily found except by those who have made its habits a special study, and the ordinary practitioner, unarmed by the microscope, ought not to find any practical difficulty without its aid. While, then, he would claim for the microscope that it has already done very much to extend our knowledge of the pathology of cutaneous affections, by *revealing the anatomy of the skin and its appendages, and exhibiting its various parasites*, and was willing to believe

that occasionally it might *aid* in settling a doubtful diagnosis, he could not claim for it any great *practical diagnostic* value in the case of the skin disease.

Another subject of microscopic examination was the *Sputa*. Here, also, he was frank to admit that the practical assistance that could thus be furnished to the general practitioner was small. No doubt the sputa of bronchitis, of pneumonia, etc., present many diversities to the microscope, as well as to the naked eye; he would not dwell on these diversities, but simply express the opinion that the facts thus observed, though of great pathological value, do not materially aid the diagnosis of individual cases, as made out by the rational symptoms, aided, where necessary, by auscultation and percussion, except in rare instances, an example of which may be found in the occasional observation of shreds of pulmonary elastic tissue in the sputa, in cases in which the other symptoms would not have justified the belief that destructive processes were going on in the lungs. The expectation that tubercle corpuscles would be generally found in the sputa of phthisis, was not justified by experience, while it was very doubtful whether it would be possible to distinguish between a tubercle corpuscle and a shrivelled, degenerated pus-cell.

In the case of the *urine*, the value of the microscope to the practical physician could not be denied, even in these morbid conditions of this secretion, which was readily recognized by chemical means, the microscope presented the advantage of facility, which is so much to be desired in all diagnostic processes. Yet, even here, caution is necessary, and it would be a grave mistake to suppose that the same condition of the urine was always based upon the same pathological condition. The state of the urine as revealed by chemical and microscopic examination, alone or combined, is indispensable to arrive at a diagnosis in many diseases; but to rely upon it *alone* to the exclusion of the other facts of the case, is an error as mischievous as to neglect it altogether.

The microscopical examination of the fœces is not unfrequently of great assistance in the attempt to diagnose obscure abdominal diseases. The presence of blood, of pus, the claws of echinococci, or the ova of tænia, and other entozoa thus recognized, often affords a clue to a case that had previously baffled investigation; he believed this subject had not yet received the attention it deserved, either in a *pathological* or a diagnostic point of view.

Lastly, a few words might be ventured on the vexed question of the *diagnosis of tumors* by the microscope. It was necessary here to confess that little aid could be hoped in the vast majority of cases until after the removal of the tumor by the knife of the surgeon. Then arose very frequently the question, what is the nature of the tumor removed, will it recur or not? Is it or is it not cancerous in its nature? A discussion on this large subject would exceed all moderate limits of time, let it suffice, while admitting to a disbelief in special cells, characteristic of the different morbid growths, to express the opinion that, taken in connection with all the other facts of the case the *cautious study of the minute anatomy of the tumor in any case will greatly diminish the number of errors of diagnosis.*

Other points might be touched upon as the examination of discharges from the ear, the vagina, cysts, etc., but enough had been said to illustrate the standpoint he was disposed to take, which was that up to the present time, the microscope, though undoubtedly useful in diagnosis, was useful in but a certain definite and limited class of cases to the general practitioner. And that even in these, a hasty interpretation of its revelations, without due regard to the other facts of the case, would mislead the hasty or injudicious into error.

At the present time, he believed that the true field for the most fruitful labors of the microscopist was to be found in the pains-taking investigation of normal and pathological anatomy, in which there was so much uncertain, with a view to the future.

The field in which this instrument will be of practical diagnostic value is so limited, and yet the individual cases often so important, that there was no excuse for not becoming acquainted with it to this extent at least. And for this purpose an extravagant microscope was not necessary. Such as are in every way adequate to the daily needs of the practitioner may be obtained for a very moderate sum. On the other hand, for purposes of investigation, the instrument cannot be too good. And in this connection, he took pleasure in expressing the opinion that the objectives of Mr. Tolles, of Conestota, New York, were superior to any in the world in their optical capabilities, while microscope stands, equal in their mechanical arrangements to any of foreign manufacture, are made in this city.

Dr. Henry Hartshorne said that he had no ground for objecting to any of the positions taken by Dr. Woodward, but rose simply to ask in regard to the experience of the latter in examining the sputa of cases of phthisis; whether he had had opportunities of concluding upon the presence of disorganizing disease by microscopic examination alone, at a period preceding that in which symptoms or physical signs made it evident? It might, perhaps, be suggested, that a reason for the greater confidence now felt by some observers in the diagnostic value of the microscopic examination of the sputa, as compared with that of the urine, may be found in the more recent period, during which the former has been a subject of study.

Dr. Corse replied to Dr. Hartshorne, that he had known some five or six cases where the microscope showed a state of phthisis some time prior to physical signs; he doubted whether

this had not been a mistake, and the phthisis had been subsequently developed. He did not know of a single indubitable case on record.

Dr. Woodward replied that it had been claimed that the pulmonary elastric fibres, to which he had alluded, made their appearance in the sputa very early in the disease, often before the physical signs and rational symptoms would lead to a diagnosis, (Beale's Microscope in Medicine, p. 277.) How accurate this statement was he could not positively affirm, as he had never made the question one of special observation. The specimens of sputa in which he had recognized these fibres were, generally, from patients he had not seen, the examination being made at the request of medical friends. In such cases, it had several times happened that a consultation, and the careful use of physical exploration revealed vomicæ or other serious and easily diagnosed lesions, which had previously been overlooked.

It had, also, happened, but only in one or two cases that he recollected, that the physical examination had not satisfied those who made it of the serious nature of the disease, which would have been overlooked but for the examination of the sputa. Such cases, he presumed, would be more common if the microscope were more frequently resorted to in obscure pulmonary affections.

Dr. Darrach remarked that the microscope had done much for pathology and diagnosis, but more for anatomy and physiology. Galen, Mondini, and Versale, worked with the scalpel and forceps, and, thereby abstracting a ubiquitous binding tissue, disclosed muscles, nerves, and the larger vessels. Rusche and Mascagni worked with wax, size, and mercury, and thereby discovered minuter blood-vessels and the absorbents. Fabricus was thereby helped to demonstrate the valves of the veins, and, consequently, was led to doubt the Galenic doctrine of the tide motion of the blood. Servetus, subsequently, more than hinted at the lesser circulation; and Harvey, by the additional help of a few simple experiments, declared the pulmonic and systemic circulation.

Under these appliances the progress of medical science was comparatively slow. There was needed an efficient help to the eye. This having, in due time, been added with its chemical associates, a rich and continued stream of discoveries has been pouring in from every section of the profession.

Among the earliest contributions to histology, since those of Leuwenhœk, are the preparations of Malpighi. His crude microscope is side by side with the yet cruder telescope of Galileo. "With pleasure I imagine myself again in the museum of Pavia, handling those honored, though humble instruments, and again examining Malpighi's minute preparations of the kidney, lung, and liver, through his rudimental microscope."

Since then, this now indispensable instrument, by its acromatic improvement and more skillful use, has discovered cell-life, the pulsating pouches of the absorbents, the concentric network of capillaries, the tortuous and various motions of its fluids, its connection with the aborescent radials of veins and arteries, and the mysterious structure and functions of the spinal cord and medulla oblongata. The acromatic lens, in the hands of Schilling, Wagner, Clark, Kolliker, Schrœder Van der Kolk, Virchow, and their numerous associates, have demonstrated the central gray matter of the spinal cord to be a multipolar battery of sensory and motory ganglionic cells, the reservoir of diastaltic nerve force. Second, the posterior column of the cord to be sensory, consisting of filaments from the upper roots of the spinal nerves of sensation, and of filaments from their lower roots, which run transversely through the white column into the posterior horns of the central gray matter, to be connected with its ganglionic cells, and, also, with little multipolar ganglionic cells, whence longitudinal fibres go up to the brain. Third, the anterior column of the cord to be motory, consisting of fibres which, as conductors of the will, descend from the brain to the mutually connected ganglionic cells of the anterior horns of the gray matter.

These cells receive from said descending fibres, and the transverse fibres, the impression of the will. This sensation, uniformly diffused over the cells, produces in all the motor filaments a uniform and simultaneous action.

The microscope has, equally, well exposed the complicated structure and diversified functions of the medulla oblongata, its restiform, pyramidal, and olivary bodies; its nucleated, unnucleated, decussating, commissural, and areiform fibres; its connection with the nerves of sense and of the voice; and its command of unilateral and bilateral motion.

To close these remarks, the microscope is the instrument by which we may discover the structure of organic nature.

Adjourned.

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HÆMOPTYSIS INDUCED BY SULPHATE OF QUININE.

Four cases are recorded by M. Simon, to show that hæmoptysis may be induced by sulphate of quinine. The hæmoptysis coincided with the administration of the quinine, ceased when the medicine was suspended, returned when it was resumed, and again ceased when the remedy was discontinued. In none of the cases could any disease be discovered to account for the hæmoptysis. The dose of quinine varied from six to twenty-five grains in the day.

Can any of our readers corroborate the above observations of M. Simon? Quinine has been charged with a good many misdemeanors, but this particular one is new to us. The profession of this country has ample opportunities to observe the action of this drug.

EDITORIAL DEPARTMENT.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 27, 1861.

MEDICAL AND SANITARY LEGISLATION.

Legislation on subjects connected with medicine and the public health form a very important part of the duties of European legislators. Their medical journals report the proceedings and debates on such subjects in their deliberative assemblies, and a large part of their editorial articles are suggested by legislation on these topics. How different is it with us! It is with the utmost difficulty that the attention of our legislators can be directed to subjects bearing on the public health, and they are quite as apt to legislate to the prejudice as to the advantage of this important public interest. We have not yet, as a nation, become aroused to the importance of that branch of political economy which has for its object the lengthening of human life, and the diminution of sickness. Some reasons for this exist in the fact that much of the time of our legislators is taken up in passing laws relating to those material public interests which are connected with our unparalleled national growth. It must be admitted, too, that partisan strife, which has done us such incalculable mischief as a nation, has had great influence in preventing sanitary legislation in our country.

Let not our profession forget, either, that much of the responsibility in this matter rests upon them. We are the conservators of the public health, and to us the people must look not only to take the initiatory steps, but *to persevere in the work* until it is accomplished. A few resolutions, recommendations, addresses, and reports are not going to avail. These must be followed up by such work as is necessary to insure success. Petitions, articles in the newspapers, "lobbying," if need be, any honorable course, to convince our legislators of the importance of the subject, and induce them to give it their attention. We must set before them, in so strong a light as to be irresistible, the *economy* of judicious sanitary legislation. There is no argument that will carry more force with it than an appeal to the pocket.

We regard it as an essential part of the duties of our law-makers to look after the interests of the public in this important direction, and of our profession to press the matter upon their attention. Had not Dr. Edwards, a few years ago, urged upon Congress the importance of a drug inspection law, we would still have been exposed to the indiscriminate importation of sophisticated and deleterious drugs—an imposition and crime which was doing us much injury.

We are sorry to observe that the "Metropolitan Health Bill" has again failed in the New York Legislature, after having passed the lower house. It lies on the table of the Senate, where it will lie until that body meets again, a silent but powerful witness against the intelligence, philanthropy, and regard of the public weal of a body of men of whom the public had reason to expect better things. We trust, however, that the friends of the bill will arouse themselves to renewed efforts to push it through at the next session of the Legislature. All the interests of New York unite in demanding its passage. It has been petitioned for by the capitalists, the physicians, the life insurance companies, and by other classes of the community, and yet there is hesitation in passing the bill! Why is this? We fear that if the question were pushed to a solution, it would reveal a rottenness in the legislative halls of the Empire State that ought to bring the blush of shame to the cheek of her citizens.

And there is Massachusetts! It is now eleven years since a committee, appointed by her Legislature, presented an able sanitary report, and a draft of an excellent law, the passage of which they recommended, and yet that report remains, a standing disgrace to Massachusetts, because the law it recommends has not yet been enacted. When will Massachusetts wipe out this disgrace?

We are not of those who would ask legislatures for any enactments granting special privileges to our profession. We are for the pro-

fession legislating for itself, and regulating its own affairs. But it is the place and it is the duty of our legislatures to pass such laws as will insure the greatest amount of exemption from sickness, and tend to prolong human life. It is time that our legislators were made to appreciate the truth and importance of the proverb—"*Salus populi suprema lex.*"

Volunteer medical service in the opposing armies, in view of approaching conflicts and of the exposure of large bodies of men to extreme hygienic vicissitudes, cannot be assumed on either side without great responsibility. To the invariable great amount of fatal sickness which always attends life in the camp or on marching duty, is to be added the probable occurrence of innumerable and complicated traumatic cases, which will require surgical abilities of the highest order.

We have had evidence that, in some of the medical appointments in the belligerent forces, both North and South, the latter qualification will be particularly deficient. The necessary haste of preparation appears thus far to have prevented a selection in which merit was at all concerned, and those who from patriotism, or other motives, have been most forward in their application have been received.

We have not, in the medical services of the contending armies, recognized on either side the names of men known throughout the country for professional ability, nor of one who is connected with any of the large hospitals. In humanity's view of the coming strife, this is to be deplored. The services of surgeons and physicians experienced in traumatic surgery and acute diseases, and learned in sanitary science, will soon be found to be invaluable, and at a time, perhaps, when the forces will be out of reach of medical reinforcement and consultation.

All the above qualifications will be essential. The necessity of the latter one will be apparent when it is recollected how generally pestilence follows, vulture-like, the track of armies, and that the mortality of troops on war duty is vastly greater from disease than by wounds from the enemy. It is said that in the late war between Russia and the Allies, one-half of all who went to the Crimea died from disease alone.

Medico-military appointments should be neither sought nor, without extreme occasion, declined. Real worth is always unassuming, and, unless commissions are offered to medical men of ability, such will, in the present pressure for places, rarely be appointed. Patriotism and the impulses of humanity should allow few who are mentally and physically competent, to decline. Indeed, there seems to be an acknowledged right of a government to impress into its service, if needed, any one expert in his avocation, as may be instanced in the compulsion of pilots to conduct vessels, etc.

We believe that there is a spirit prevailing, both at the North and South, which would induce the most eminent of the medical profession to sacrifice pecuniary interest and domestic comfort for the hardships of a campaign, if not physically unfitted for the incidental exposure.

A few weeks ago we called attention, at some length, to the importance of the adoption of an international uniform for army physicians and surgeons. A Kentucky correspondent requests us, now that active military preparations are on foot, and we are threatened with war, to again call attention to the subject.

It is one which should commend itself to the favor of every nation, as the duties of the surgeon are seldom confined to the wounded of his own army, but include those of the opposing army as well. His mission is one of mercy, and there should be some method of distinguishing him on the field of battle from those around him. We trust that the suggestion will commend itself to the judgment of those who have the authority in these matters.

American Medical Association.—Just as we are going to press, we learn, through a reliable, though not official, source, that the Committee of Arrangements of the American Medical Association have, in view of the unsettled condition of the country, thought it expedient to postpone the annual meeting of that body, which was to have been held in Chicago in June. We very much regret that the interests of science must give way to the political exigencies of the times.

☞ In the unsettled condition of the country, there will, almost of necessity, be great irregularity on some of the mail routes, interfering for a time with the prompt and regular delivery of the Reporter to subscribers. When the political cauldron ceases to seethe, and things generally are "put to rights," we shall try and aid our subscribers in making up the deficiencies in their files—*though we hope they will not throw all the burden upon us, as we are mailing their numbers to them regularly every week.*

We hear of large numbers of medical men enlisting as surgeons in the army. Among them are some of our subscribers and contributors, in both sections of the country. If any of them should be called upon to perform active duty in their capacity as surgeons, we shall expect to hear from them.

Correspondence.

CASE OF LARGE SCIRRHUS TUMOR, INVOLVING THE THYROID GLANDS AND ADJACENT STRUCTURES.

Messrs. Editors:—With your permission I wish to lay the particulars of the following rare case before the profession:

Mrs. Dame, aged twenty-three years, discovered in the month of March, 1860, a small hard tumor situated over the sterno-mastoid muscle, for which she consulted several physicians in this vicinity, who all agreed in calling it a "scrofulous tumor," and ordered for its solution some preparation of iodine, to be used externally and internally, which preparations, however, produced no particular effect. The tumor continued to grow for six months, about which time it was pronounced to be goitre, and the iodine again to be used, but again without effect. Whereupon the patient's friends became discouraged, the regulars were discharged, and "Rute and Yarb" duly installed, who immediately pronounced the affection of the neck as nothing, and stated that the "heart was ulcerated" and the "blood a mass of corruption." To get rid of the latter it would, he said, be necessary to reduce the patient, which effect was well produced, at the expiration of his term of official service, by pulv. podophylli, in twenty-five grain doses, three times daily, with some other fixins from the yarb kingdom, to cure the heart.

Another family council decided on calling the "new doctor," (myself,) to consult with Rute and Catskin, (a name received from a favorite emollient of his,) which honor the new doctor promptly declined. Catskin was discharged, and I was requested to visit the case. Upon examination, I found the patient very weak and exsanguine, with that peculiar olive tint which is generally unmistakable where a suspicious looking tumor exists; found the tumor, on examination, to extend from the upper part of the thyroid cartilage to the superior third of the sternum, and laterally from the extreme posterior side of the sterno-mastoid muscle on the right side to within an inch of the vertebræ on the left, presenting in front an angular, nodulated appearance. It was of a cartilaginous hardness to the touch, and the glands in its vicinity I found to be all enlarged. I found that the patient could not speak in a higher tone than a hoarse whisper, and that the principal difficulty complained of was a cough and inability to lie down. No pain in the tumor nor other evidence, such as is commonly found in malignant tumors, such as I considered that to be. On learning that a maternal aunt of the patient had died from a like disease in the breast, I stated my belief to the patient's friends, after due deliberation, and, also, that an attempt at cure by medicines was useless, the only thing offering the least hope in such cases being surgery. An attempt at operating being precluded by her debilitated state, and the size and situation of the tumor, all the remedies I could use being were palliatives. The friends of the patient wished that I would consult with other surgeons, which I did, both personally in one case and by written description in another, both acquiescing in my diagnosis. Since that time, December 23, 1860, I have endeavored to smooth the way to the grave, and succeeded to a very great extent. No change of symptoms worth recording have been produced by the progress of the disease since that time, until her death, which occurred on Wednesday, the 27th of March, from exhaustion, without a struggle.

Post mortem.—With the permission of the friends of deceased, I examined the tumor, and found it of cartilaginous hardness, creaking under the knife when cut into, adhering firmly to the sternum, second ribs, and clavicles, and pressing the thyroid cartilages, and trachea flat. I found that all the muscles of the front of the neck were involved in the mass, and had lost their normal structure, and that they were undistinguishable from it; the sterno-cleido muscles were normal in structure from their origin to their union with the tumor, about an inch and a half, where they, too, were involved, losing their structure, and becoming, like the others, part of the mass; arteries reduced in calibre, the only ones to be distinguished being the common carotids; nerves normal to the point of entrance into the tumor; in the tumor pressed upon, and apparently reduced in size; veins somewhat varicose on the surface of the tumor, the internal jugulars being apparently

obliterated by the pressure. I made particular search for the thyroid glands, but found no trace of such structures, and concluded that they were also involved in the scirrhus mass. A small portion of the mass examined under the microscope was found to consist of closely interwoven fibres, enclosing irregular spaces or areolæ, filled with an immense number of very minute granules, embedded in a somewhat opalescent material.

As this case is a rare one, not being able to find an analagous one in an extensive search in the journals, and merely a reference to such cases in the text-books, I thought that its publication might be of some service to medical literature, and therefore again trouble you for space in your journal.

Chas. L. Stoddard, M.D.,
Spring Prairie, Walworth county, Wis.

CREASOTE AS A REMEDY FOR IRRITABLE STOMACH.

Messrs. Editors:—I was led to employ creasote in irritable stomach, by reading in Ranking's Abstract, No. 13, (for 1851,) a synopsis of an article by Mr. Kesteven, in which its effects in diarrhœa are highly praised. His formula is as follows:

℞.—Creasote, m.j. ad. m.v.;
Spir. ammon. arom., m.xv. ad. f.℥j;
Aquæ, f.℥j. ad. f.℥iss. M.

The first case in which I employed it was cholera morbus, giving a teaspoonful of Kesteven's mixture, or one-eighth his dose. The medicine was apparently ejected from the stomach; but, that act of vomiting was the last, and the diarrhœa soon yielded to other remedial agents.

It presently proved, in my hands, a much better remedy for irritation of the stomach than of the bowels; and I have continued to use it with nearly unvarying success during the last ten years, for pure irritation of that organ.

A very short experience taught me that the dose recommended by Kesteven, and advised by writers on therapeutics, was far too large, being almost always rejected by the stomach. I soon reduced it to one-sixtieth of a drop, to be repeated every few minutes; occasionally, I have been obliged to diminish it to one one-hundred-and-twentieth of a drop; and, in a few instances, to one three-hundred-and-sixtieth of a drop, to be given every three or five minutes. Appropriate coöperative measures—small pieces of ice swallowed, or teaspoonful doses of ice cold water, often repeated; rubefaciants to the epigastrium, and a positive prohibition of accumulative quantities of drink, are essential to complete success.

It is not pretended nor believed that this remedy will avail in cases in which irritation of the stomach is kept up from some neighboring or remote organ; nor in which there are offending matters, in quantity in the stomach itself; but, in all those in which the irritation is original with the stomach, and not dependant on organic diseases of its own structure, it will be almost infallible. My formula is as follows:

℞.—Creasoti, - - - gtt. j,
Aq. calcis, - - f.℥j. M.

S.—Five drops every ten minutes; failing with this, one drop every three minutes.

Stomach irritation, transmitted from the pelvic viscera, in pregnant women, being paroxysmal, may be successfully treated in the interval by medicines which strengthen the stomach and general system, to resist its attacks.

℞.—Ferri lactatis, vel.
Ferri et strychniæ citratis,
Quinæ sulph. āā gr. xii. M.

Divide into twelve powders, giving one every four hours.

E. T. Blackwell, M.D.
Stephensburg, N. J.

NEWS AND MISCELLANY.

Increase of Insanity.—The alleged increase of insanity throughout civilized Europe receives daily fresh illustrations in various quarters. We have stated at different times to what extent the public and private statistics of England and Scotland, of Australia, and of France, testify to the growing frequency of mental disease; and we find new proof in the statements of the leading journal, from which it appears that in Ireland, also, the increase in insanity is exciting much attention. In Belfast, last week, a deputation from the governors of the District Insane Asylum waited on the grand jury to present a statement on the subject, and represent the urgent want of more accommodation for the insane. The deputation consisted of the Lord Bishop of the diocese, the Right Rev. Dr. Denvir, the Roman Catholic Bishop, the Rev. Dr. Montgomery, the Rev. Dr. Edgar, and Dr. Stewart, medical superintendent of the asylum. The Lord Bishop said that though they had an asylum which cost £72,000, there was still a want of increased accommodation, and, in his opinion, the difficulty would be met by building an auxiliary asylum on the same ground, and under the same efficient superintendence. The Rev. Dr. Edgar read an interesting statement on the subject, and the Right Rev. Dr. Denvir spoke on the "appalling increase" of insanity in that district. In the Belfast Workhouse alone—a place where they cannot be cured or cared for—there are 134 insane persons. There are nine insane persons in the Belfast Jail, and seventeen in the County Down Jail. The Rev. Dr. Montgomery, who said he had been thirty years governor of the asylum, bore similar testimony to the "great increase" of the malady. There are 354 patients in the asylum, and there are nearly the same number

ready for admission in the two counties of Down and Antrim. These are either accommodated in workhouses, or confined in jails as criminal insane. But there are numerous cases in which the parties would not be admitted as paupers, and yet their friends are not able to pay for them in private asylums. These are confined in rooms at their respective homes, without proper care, and sometimes subjected to cruel treatment.—*Lancet.*

Special Orders, No. 63—*Head Quarters of the Army, New York, April* 17, 1861.—1. All medical officers arriving in New York, under orders of inferior commanders, to report in person to the Surgeon-General, will immediately, on their arrival, report by letter to that officer, and await further orders in this city.

By command of Lieutenant-General Scott.

(Signed) H. S. Scott,
Lt. Col. & A. D. C., Act. Adj't-Gen'l.

Sir B. Brodie on General and Professional Education.—In his recent annual address to the Royal Society, as President, Sir B. Brodie thus expresses himself:—"In holding the opinion that much advantage would arise from the study of the physical sciences being regarded as an essential part of a liberal education, I apprehend that it has never entered into the mind of any person who has seriously reflected on the subject, that it should supersede those other studies which form the basis of such an education in this and others of the more highly civilized communities at the present day. One of these studies, indeed, namely, mathematics, is necessary to the physical sciences themselves, there being no one of these sciences to which, under certain circumstances, mathematical reasoning may not be usefully applied; whilst one especially, and that the foremost and grandest and most important of the whole, is so entirely founded upon it, that, if this were taken away, there would be very little of the science left. The languages of the ancient nations of Greece and Italy have no such direct relations to the physical sciences as mathematics; but I know no better method than that which the study of them affords of training the mind, at an early period of life, to habits of thought and attention, and so of fitting it for other studies afterwards. There is another advantage to be derived from those pursuits which lead us to a knowledge of the Greek and Roman classics. Greek and Roman literature has been the foundation of the best literature of modern Europe; and an acquaintance with it stores the mind of the youthful student with graceful recollections and noble thoughts, which may exercise a wholesome influence over him through all the rest of his life. Further, it may be observed that the study of the ancient languages is an excellent introduction to a knowledge of grammar, and of the use of language generally, and this knowledge is of a kind the importance of which cannot well be over-estimated; not only as it is by means of language that we are enabled to communicate our thoughts to each other, and hand them down to those who are to come after us, but because language is in itself an instrument of thought, without which the reasoning powers which God has given us could be turned only to a very small account."—*Med. Times and Gazette.*

The Board of Commissioners of Public Charity and Correction of the City of New York, in view of the fact that vacancies exist in the medical and surgical staff of Bellevue Hospital, by the resignation of some of its members to volunteer for the war, are prepared to receive applications for appointments to fill such vacancies.

A Student's Medical Society has been established in London with the title of the junior medical society.

MARRIAGE.

Eckelman—Zook.—At Mottville, Mich., April 9, by Rev. A. S. Bartholomew, F. C. Eckelman, M. D., of Bristol, Indiana, and Miss Lizzie Zook, of Selin's Grove, Pa.

Answers to Correspondents.

"*X Y Z*," *Pa.*—The "Medical University," of which you inquire, is a hybrid concern, having no standing or respectability, or claims on the medical profession whatever. A diploma from it would have the effect of *excluding* you from membership in any respectable State or county medical society.

COMMUNICATIONS RECEIVED.

Connecticut—Dr. J. G. Porter. *Illinois*—Dr. M. M. Bane, Dr. B. Woodward. *Kentucky*—Dr. J. D. Jackson. *Maryland*—Dr. L. Wachter, with encl. *Massachusetts*—Dr. H. H. Mitchell. *New Jersey*—Dr. S. Sproul, with encl. *New York*—Dr. H. M. Freeman, with encl.; Dr. J. B. Richmond, with encl.; Dr. T. Lawyer, Dr. C. M. Kingman, with encl; Dr. E. J. Ford, Dr. C. E. Halsey, with encl.; Dr. J. E. King, Dr. L. Bauer, with encl.; Dr. Dan Ayres, with encl; Dr. Palmedo, with encl.; Dr. E. Collins, with encl.; Dr. Whaley, with encl. *Ohio*—Dr. C. Olds, with encl.; Dr. S. C. Franks, with encl.; Dr. A. Jones, Dr. S. R. Black, Dr. J. F. Capell, with encl. *Pennsylvania*—Dr. J. F. Treichler, with encl.; Dr. A. B. Dill, with encl.; Dr. W. Voss, Dr. L. T. Trumbower, Dr. J. H Wilson, Dr. R. McChesney, with encl; Dr. E. J. Groom, with encl.; Dr. M. Woods, with encl.; Dr. W. Burge, with encl. *Rhode Island*—J. G White (2), Dr. G. W. Carr, with encl.; Dr. J. Tripp, with encl.; Dr. J. G. Davis, with encl.; Dr. G. Capron, with encl.; Dr. P. F. Hopkins, with encl.; Dr. A. G. Sprague, with encl.; Dr. C. Wiggin, with encl.; Dr. W. Handy, with encl.; Dr. J. D. Walch, with encl.; Dr. N. P. Lockling, with encl.; Dr. J. H. Johnson, with encl.; Dr. J. T. Westervelt, with encl.; Dr. M. A. Mowry, with encl.; Dr. J. D. Thompson, with encl.; Dr. Y. Simmons, with encl.; Dr. S. Carpenter, with encl.; Dr. W. O. Brown, with encl., Dr. F. Monroe, with encl.; Dr. S. Clapp, with encl.

Office Payments.—Alms-House Library, T. M. Drown, Dr. J. P. Lewis, Pa.; Dr. M. D. Knight, N. J.; Dr. D. Clark, Ind., per Lindsay & Blakiston; Dr. J. A. Draper, Del; Dr. M. J. McKinnon, Pa. By Mr. Swain: Drs. Updegrove, Walker, L. E. Nordman (adv.), H. A. Gildea (adv.), Williamson, H. L. Hodge, A. Lippe, T. W. Craig, R. M. Pancoast, Armstrong, Stoker.

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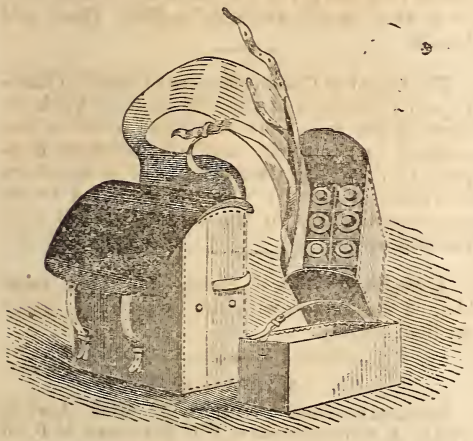

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No. 1, containing	12	1 oz.	Ground Stop. Bottles and		
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No. 2, containing	10	1 oz.	" "	and	
	10	½ oz.	" "		8 50
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	8	½ oz.	" "		7 50

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No. 4, containing	24	1 oz.	Ground Stop. Bottles,	$10 50
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No. 1, containing	27	1 oz.	Ground Stop. Bottles,		
" "	18	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$19 00
No. 2, containing	21	1 oz.	Ground Stop. Bottles,		
" "	14	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$15 50
No. 3, containing	18	1 oz.	Ground Stop. Bottle		
" "	10	½ oz.	" "	and	
" "	4	Pots,	" "		$12 00
No. 4, containing	20	1½ oz.	Ground Stop. Bottles	and	
" "	2	Pots,	" "		$8 50
No. 5, containing	15	1 oz.	Ground Stop. Bottles,		$6 50

Round Top Medicine Trunk. Made of Russet Bridle Leather.

No. 1, containing	9	1½ oz.	Ground Stop. Bottles,		
" "	18	1 oz.	" "		
" "	18	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop. Bottles,		
" "	14	1 oz.	" "		
" "	14	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$16 50
No. 3, containing	14	1 oz.	Ground Stop. Bottles,		
" "	14	1½ oz.	" "	and	
" 4	4	Pots,	" "		$13 00

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Nor any derangement of the constitution or general health.

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NEW YORK, *January* 11, 1859.

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Yours respectfully,

D. MEREDITH REESE, M. D., LL. D.,
Late Vice President of the American Medical Association; Resident Member of the New York Academy of Medicine; Editor of the American Medical Gazette, &c.

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18 2-oz. " "
20 1½-oz. " "
16 ½-oz. " "

The Drawer under the Bottles contains—
4 1-oz. covered Pots,
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and ample space for Instruments and Packages.

Dimensions of this Chest are—
15 inches long, 9¼ inches wide, and 9¾ inches high.....Price, $20
Price, with Scales and Weights.....21

No. 1.

No. 2 (fig. 79 in the Catalogue) contains—
4 4 oz. stoppered Bottles.
16 2-oz. " "
18 1½-oz. " "
6 ½-oz. " "

The Bottles are in a mahogany Tray, lifting out.

The space under the Tray contains—
4 1 oz. covered Pots,
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and space for Instruments, Packages, &c.

The dimensions of this Chest are—
15¼ inches long, 9¼ inches wide, 9½ inches high.....Price, $18
Price, with Scales and Weights..... 19

No. 3 (fig. 80 in the Catalogue) contains—
16 2-oz. stoppered Bottles.
18 ½-oz. " "

The Bottles are contained in a mahogany Tray: the ½-oz. Bottles are in a smaller Tray fitting in the larger, giving convenient space beneath for small packages.

The space beneath the large Tray contains—
4 1-oz. covered Pots,
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and Space for Instruments, Packages, &c.

The dimensions of this Chest are—
12½ inches long, 8 inches wide, 9¼ inches high, Price, $13 50
Price, with Scales and Weights.....14 50

No. 4 (similar to fig. 79) contains—
15 2-oz. stoppered Bottles.
12 1½-oz. " "

The Bottles are contained in a mahogany Tray, which lifts out.

The space under the Tray contains—
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and space for Instruments, Packages, &c.

The dimensions of the Chest are—
9¼ inches long, 7¾ inches wide, 9 inches high, Price, $10 50
Price, with Scales and Weights.....11 50

No. 5 (similar to fig. 79) contains—
15 1-oz. stoppered Bottles,
in a mahogany Tray, which lifts out, leaving a vacant space underneath, 3½ inches deep, for Instruments, Packages, &c.

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7 inches long, 5½ inches wide, 9 inches high.....Price, $6 50

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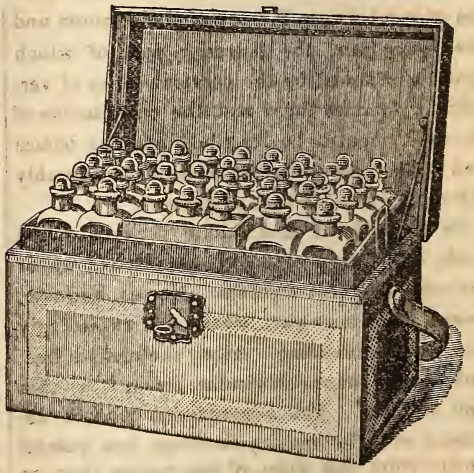

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 237. } PHILADELPHIA, MAY 4, 1861. { NEW SERIES, VOL. VI. NO. 5.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M.D.,

Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 41.

Cervical Region—Continued.—If the articulated skeleton be examined, there will be seen a hiatus or gap between the top of the sternum and the lower jaw, the posterior part of which space is occupied by the cervical series of vertebræ. Against these rest the constituents of the neck about to be described, and the bodies and transverse processes form a considerably siderably extended base of support.

On the anterior and lateral portions of the neck, the integument can be pinched up or moved with great freedom. Not so, however, over the posterior part, where it is exceedingly dense and unyielding. Along the median line, and in the supra-clavicular space, it is thin and delicate. This organization renders abscesses or inflammatory swellings less painful on the front and sides of this region than on the back of it, there being less resistance. The latter, or posterior part of the neck, is a favorite locality for carbuncle, entailing, even in the most favorable cases, a great amount of suffering. The mobility of the skin over the situation specified, requires that it should be supported with the fingers when being incised.

Superficial Fascia.—When the skin is turned off, a layer of connective and adipose tissue comes into view—the "*superficial cervical fascia.*" The adipose constituent of which varies much in different subjects. In the median line it is generally the least, and beneath the symphisis and midway between it and the angle of the lower jaw it is greatest in amount. This fascial layer is continuous with that of the trunk and the face. It is quite firmly connected to the ligamentum nuchæ posteriorly, where it is a dense, compact structure, continuing such for some distance forward. It is likewise *laminated*, embracing between its superficial and deep layers a cutaneous muscle—the *platysma myoides*, the fibres of which may be easily distinguished at the lower portion of the region, peering through the superficial fascial covering.

Platysma Myoides.—This muscle has its origin from the clavicle and the pectoral fascia. It forms a thin layer, and runs upward and forward, passing over the jaw upon the face. It is best developed in the neighborhood of the chin, at the symphisis of which some of the inner fibres of the muscles of the two sides decussate. It is only in rare cases that this muscle reaches the middle line at the supra-sternal fossa. If it be carefully detached from the clavicle, and turned off with the deep layer of the superficial fascia, there will be exposed beneath, and slightly connected with it, a vein running from the angle of the jaw to the supra-clavicular space "*external jugular,*" the course of which has been already pointed out as visible through the integuments; a second vein, situated along the anterior edge of the sterno-mastoid swell, and communicating, by a transverse trunk across the supra-sternal fossa, with the corresponding vein of the opposite side, "*anterior jugular:*" a tripod nerve-trunk at the middle of the posterior margin of the sterno-mastoid swell, one branch of which ascends along the posterior face of the external jugular vein to the integument of the ear and back of the head, "*auricularis magnus;*" a second, across the neck, toward the hyoid bone, "*transversalis colli;*" and a third down toward the chest, dividing into "*clavicular* and *acromial*" branches; and last, a dense, white, semi-trans-

parent fibrous membrane, enveloping the neck, the "deep cervical fascia."

Should the superficial fascia be dissected up toward the back of the neck, the trapezius muscle will be exposed.

Practical Remarks.—It is apparent, from the above description, that there are no very important structures exterior to the deep cervical fascia. The superficial layers, detailed, are quite movable and separable from the subjacent ones. In this fact we have the solution, in a great measure, of an inquiry, which seeks to ascertain the locality of tumors of the neck. Should such come well forward, become prominent, or be movable, the inference is, that they are not deeper than the structures just described. The wisdom of an early removal will be obvious, when it is understood that these growths may contract adhesions to the deep fascia, and which, under such a relation, may soon produce its absorption, extending into the deep recesses of the neck. In œdematous swelling of the neck, the fluid is usually situated in the superficial fascia. Wounds of the neck are sometimes followed by an emphysematous condition of this layer, crackling on the application of pressure. Where such is the case, the larynx or trachea have been penetrated. The extensibility of the cervical integument makes it available in plastic operations on the face.

The abstraction of blood may be practiced in this situation by opening the external jugular vein. It is, however, rarely resorted to at the present time, though formerly it was of frequent occurrence. When circumstances render a resort to this vessel necessary, the following remarks will be found important: Pressure in the supra-clavicular space will arrest the flow of blood through the vein, and its outline will become tense and prominent. Its course is parallel with, and its situation beneath the fasciculi of the platysma muscle, and therefore the division of the superincumbent layers should be oblique, so that the fibres of the muscle being divided across, may, by their retraction, keep the orifice in the vein patulous, as well as the other parts of the wound. If the cut should be made parallel with the fibres of this muscle, they would, being only separated, close again over the vessel, and allow the blood to extravasate the parts, producing an ecchymosis. The point best adapted for puncturing the vein is where it leaves the sterno-mastoid swell to pass into the supra-clavicular fossa, as above this the auricular nerve lies close along its posterior surface.

In all operations upon the lateral portion of the neck, the situation of the external jugular should be discovered, in order to avoid its trunk. As it is frequently small, it may require pressure in the supra-clavicular space in order to make it apparent. This vein is not unfrequently absent, in which case a large anterior jugular may be expected to exist. Preternatural contraction of the platysma muscle may produce a species of torticollis, or wry neck. Incisions, for the removal of tumors situated on the lateral part of this region, should be made parallel with the course of its fibres, that accurate adjustment may be promoted.

Odontocele and Some Kindred Lesions.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Having, during the last few days of March, had under my care a gentleman on whose person I was compelled to perform an operation for the radical cure of a rapidly-advancing caries of the superior maxillary bone, the primary lesion of which proved to be an encysted tooth in so anomalous a position as to have quite deceived, in a comprehension of the condition, several gentlemen, and having, in the direction of diseases of the oral cavity and its appendages, had, perhaps, a somewhat more extended experience than may have been enjoyed by the generality of practitioners, I have thought that a few practical considerations of some of the various pathological conditions of the mouth, taking this special case as a text, might neither be uninteresting nor without profit to some, at least of the many readers of the Reporter.

The patient in this case was a Mr. P., a gentleman whose age might be, I should suppose, about five-and-twenty; short in stature; quite anæmic in condition.

The history of his case is as follows:

About a year ago he had all the teeth of the upper jaw extracted, for the purpose of having them replaced with an artificial set, and, as is the custom, was dismissed for some four months for the purpose of allowing time for the absorption of the alveolar arch, not desiring what the

dentist terms the temporary denture. At the end of this time the impression of his mouth was taken, the parts being in a most healthy condition. The teeth were made, placed in the mouth, and worn with entire comfort for a period of several months.

About eight weeks ago, however, my patient found these artificial teeth getting loose, as if from some projection at the right border of the myrtiform fossa. Applying to his dentist, surprise was expressed at the occurrence, and advice given that the further progress of the case should be awaited. A few days later, and a fistula had formed. His dentist, confident that no portion of the roots of any of the extracted teeth had been left in the alveolus, now dismissed the case, advising him to seek surgical assistance. In this condition—but after seeing other practitioners, as alluded to—he came into my hands.

The case presented the following features:—Much engorgement of all that portion of the gums and lips covering the incisive and canine fossæ, and which extended in a triangular direction to the inner canthus of the right eye; much soreness, on pressure, over all the affected parts; a fistula discharging thin and occasionally bloody pus.

Examination with the probe gave the impression that it struck against the root of a tooth, and which would certainly have influenced entirely the making up of the diagnosis, if experience had not assured me that no tooth could well have had a fang extending to such a depth.

Deducing from these conditions the imperative necessity for an operation, and the patient willingly acceding to the conclusion, he was placed on a preparatory tonic course for a few days.

On the last Thursday of the month, assisted by one of my students and a friend of the patient, invited for the purpose, an operation without external incision was performed as follows:

The patient was placed in a state of profound anæsthesia. My student, with sponge and water at his side, took charge of the lower jaw and lip; the second assistant steadied the superior part of the head, and held well out of my way the superior lip.

The parts being thus very fairly exposed, a pointed and somewhat delicate-bladed bistoury was passed through the superior fleshy boundary of the canine fossa to the inner canthus. To my surprise it passed not only through the soft parts, but in the return-cut sunk readily into the bone. A first flap was now dissected posteriorly from the dead mass; a second flap was bounded mesially by the nasal bone, ala, and left prominence of myrtiform fossa. The blood being sponged away I discovered lying in the very centre of the carious bone a cuspid tooth of ordinary size and development, the apex being in immediate relation to the floor of the orbit.

Of course, this, to the surgical reader, ends the operative interest of the case. I would, however, invite a moment's attention to a procedure for removing the carious bone in these situations, which will be found most easy of accomplishment, and quite as successful in the results as any of the more complex operations.

I use a bent chisel, and which is to be adapted in size to each particular case. I depend entirely on the sense of touch, conveyed through the chisel, to tell me when all dead bone is removed, and can thus perform an operation as readily when the parts are submerged in blood as though not one single drop should be present. The benefit accruing from this mode of performing the operation must be appreciated, when is recalled the fact that the patient can only enjoy the benefit of the single original anæsthetic impression, and that, while his head is in position for the operation, he is necessarily taking undesired quantities of blood into the stomach. Speed seems to be the desideratum, and this is thus secured.

The bone in this operation being quickly removed, as described, the flaps were approximated with the interrupted suture—two being used—the patient was now left to recover. The operation to this point occupied just three minutes.

At the most pendant point in such incisions, which in this case was the alveolar border, I leave an opening, which it is the intention to heal at a future period by granulation. On the complete restoration of the patient to his proper senses, the wound is thoroughly washed from this sinus. A tent, medicated or not, as may seem indicated, is next passed up, being made to fill the cavity more or less completely. Thus it will be seen that the flaps unite by first intention, while the cavity must fill up by granulations. Pus, which if confined would serve to reproduce the disease, finds vent by the tent—the tent is gradually withdrawn, and thus deformity is prevented.

April 8. This patient was dismissed completely, and there is every reason for supposing

permanently, cured—not the slightest external evidence of the operation existing.

The pathology of these odontoceles will be made very plain, I trust, by the general yet limited consideration of the surgical and surgico-dental conditions it is now my intention to review.

A. M. Forget, in that most complete prize memoir, "Dental Anomalies," thus introduces his subject:

"The bones of the face are subject to lesions of vitality and structure that are common to the other parts of the body; these belong to the maladies of the osseous system, and are under the same histological influences.

"There are some lesions, however," he goes on to say, "that belong more especially to the maxillary bones, and differ from the others in their anatomic characteristics, and particularly in their origin."

The ordinary surgical lesions, alluded to in the first paragraph, I shall not in this paper consider; the student will find them clearly described in all text-books on surgery.

To such as are referred to as especially maxillary lesions, I will confine my consideration, and beg to imply to the reader that he may receive as just, reliable, and practical those inferences I may present.

To insure, however, the most value from the study of the subject, I will condense from Mr. Forget's book the history of the first case he presents. The object in offering it as a data will be appreciated as we advance.

Observation 1.—*Osteo-Dental Tumor, size of a large Egg, encysted in the thick part of the Inferior Maxillary—Ulcerous Inflammation of the Parietes of the Cyst—Numerous Ossifluent Fistulæ—Resection of the left half of the Body of the Jaw and a portion of its Branch—Cured.*

Early in May a banker, of Guadeloupe, introduced to M. Forget his son, whom he had brought to Paris with the intention of subjecting him to the necessary surgical operation for the remedy of a disease of the inferior maxillary, which had made its first appearance when the patient was five years old.

History of the Disease.—At that period, (five years,) young L. suffered from pains in his left jaw; they were for some time intermittent, then continuous and acute. When the patient was seven years of age, two small healthy molars were extracted, under the impression that they were preventing the evolution of the second teeth. The operation gave great relief, and the pain ceased; but shortly afterward a small, round, hard tumor, appeared on the external face of the jaw, near the alveoli of the teeth that had been removed. The tumor caused no suffering to the patient, and made no sensible progress for a period of eight years. The whole of the left side of the jaw then became tumefied, and the bone, in the language of the patient, broadened and rounded. He also observed, at this time, that the large molars, which were regularly developed on the right side, were wanting in the diseased part.

This morbid enlargement was accompanied by frequent fluxions of the gums, cheek, and whole left side of the face. The recurrence of this fluxion was attended with great pain, and caused an increased tumefaction in the soft parts to such an extent that the difference between the sides of the face became absolute deformity.

In November, 1854, a violent inflammation occurred in the base of the jaw and the cervico-maxillary region. Antiphlogistic treatment was employed, two applications of leeches were made, and the inflammatory symptoms decreased, and, fifteen days afterward, purulent matter formed in the thick part of the cheek, which opened spontaneously, allowing the issue of a large quantity of fetid pus. The opening of this abscess became fistulous, the surrounding tissue then detached, and, under them, the bone was naked for a very considerable extent.

Present Condition.—Young L., aged twenty, strong, well developed, with an excellent constitution, and health perfect in all respects, excepting the local affection.

The disease appears externally in a considerable tumefaction of the left cheek, which is more than three times its natural size, and the tumor has caused a very marked, eccentric development to the corresponding maxillary bone.

When the patient opens his mouth, which he does without effort, the whole left side of the bone was seen to resemble a large turkey-egg—the base of the jaw being confounded, without appreciable line of demarkation, with the internal and external faces, which describe a very considerable curve.

The tumor is uniform, without depressions or any irregular swellings upon the surface. It does not yield to pressure, and no part of it gives that sound of crepitation which is cha-

racteristic of attenuation of the osseous tissues. The external swelling hides the superior and lateral part of the neck; the enlargement of the bone has forced the tongue from its true direction, and the floor of the mouth has been driven from the left to the right.

The alveolar ridge, singularly enlarged, contains none of the grinding teeth, except the first bicuspid—the premolar of Leidy—which stands regularly in its socket. The tissue of the gums is dark red, and unusually thick and hard. In a circumscribed spot, about the size of a twenty-centime piece, the tissue is broken, and exhibits an unequal, wrinkled, grayish surface, which gives a dry sound when struck with a metal, as if the crown of a tooth were hidden in the cavity.

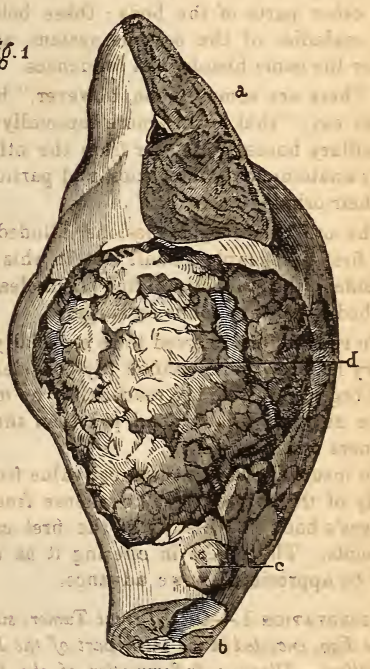
In order to complete the symptomatic description, it is added that there are many ossifluent fistulous openings at the base of the tumor, and much hypertrophy and hardening of the submaxillary lymphatic ganglion.

The functional disorders arising from the pathological condition, at first very slight, are noticed at this stage as increasing every day: embarrassment of vocal utterance, mastication painful and incomplete, deglutition effected with difficulty, and respiration very difficult every time inflammation is renewed in the tumor; lastly, the patient suffering from two serious inconveniences—one, the very marked deformity of the face; the other, the incessant flow of fetid pus, proceeding from the complicated fistulæ of the osteo-dental caries.

M. Forget here describes the operation, the usual resection with which it is presumed all are familiar. One incident, however, should be remarked: in making his anterior cut with the chain-saw, he alludes to coming in contact with a tooth placed horizontally in the thick part of the bone, precisely under the alveolus through which he was cutting.

Anatomical Examination of Tumor.—With the surrounding soft parts, it is described as being an exact ovoid. The soft parts, adhering to its external face, were found marked with many fistular passages, ending at inflamed and ulcerous points of osseous tissue. This tissue was thin, soft, and depressable, and perforated by two orifices leading into the interior of the cyst, from which exuded a purulent, viscid, reddish liquid. A stylet introduced into one of these passages was stopped by a hard body, which, under percussion, sounded like a compact tissue deprived of its periosteum. This object was reached by dissecting off the gums, which, condensed into a thick bed, formed a sort of operculum for the upper part, completing the cyst in which the morbid product was situated. The dissection exhibited that the jaw from the ramus to the premolar had been changed into a cavity containing a compact, saxaform, ovoid mass, the size of a large egg, grayish, unequal surface, studded with small tubercles, surrounded by a bed of enamel, and completely buried in the thick part of the bone. See fig. 1.*

Fig. 1



Next, the tumor was divided along its axis into two unequal parts, each confined to the corresponding half of the osseous cyst that was comprised in the division. This revealed the composition of the tumor: it was formed of a smooth, glossy, compact, homogeneous, ivory-like tissue, of a whitish-brown color. In the centre of it, a kind of regular disposition of its elements is described as existing, discernible by the naked eye. See figs. 2 and 3.

Between the tumor and the wall of the cyst, was a thick, fibro-cellular tissue, free on the side of the former, where it covered the whole intra-maxillary portion, and was joined to the

* For the use of these cuts I am indebted to the courtesy of Messrs. Jones & White, proprietors of the *Dental Cosmos*, published in this city.—J. E. G.

latter by filamental prolongations of a cellulo-vascular appearance—these being attached to the numerous openings that covered the face of the cyst. The external surface of this membrane was bathed with a muco-purulent liquid, smelling like dental caries.

At the base and anterior extremity of the tumor, an indentation is described fitting the crown of a large molar that stood between it and the maxillary bone. See fig. 3, *l*, *b*. A portion of the same tooth caused a slight elevation on the external face of the jaw.

Fig. 2

Fig. 3

Fig. 2, *l*, *e*. M. Forget also describes the tooth encountered in the operation. Fig. 2, *l*, *d*. Its location, as will be seen, is directly beneath the alveolus of the first molar, which is standing in its true position. Fig. 2, *l*, *e*.

All the teeth, with the exception of the last two molars, it will thus be seen, were found,

and the space appropriated for them was filled by the tumor. What then, queried M. Forget, could have become of these two great molars? It could not be, he argued, that the bulbs, compressed from their very origin, had disappeared without leaving a single vestige of their existence. The numerous instances, he held, that had occurred of the simultaneous

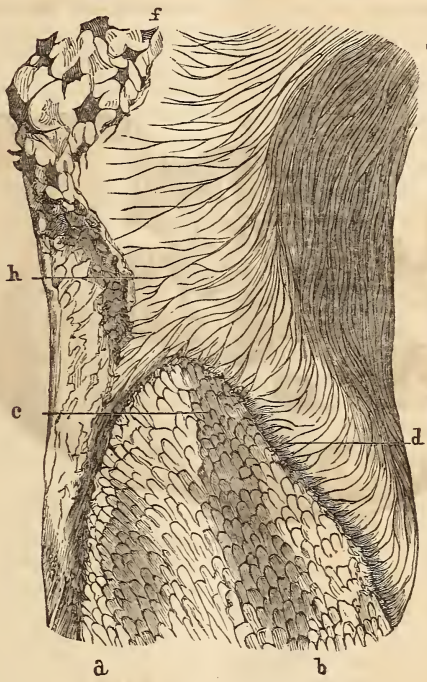


Fig. 4

development of teeth and anomalous productions in the very centre of the maxillary would not allow him to think of accepting such an explanation. In all the analogous cases that had fallen under his observation, the teeth were of the ordinary dimensions, and complete in number, although removed from their normal position, and sometimes buried even in the morbid substance itself.

The results of the observation of his case is thus epitomized by the author:

1st. An original union of the follicles of the last two molars, followed by an intimate fusion of them, caused by phlegmasial or other action.

2d. Under the same morbid influence, the excess of vitality in the organic elements of the follicles has produced hypersecretion of an ivory-like osseous substance.

3d. That the irregular aggregatisn and diffusion of these constitutes the pathological growth.

4th, and lastly. Its growth has formed in the cyst, (already described,) and it has maintained therein a permanent inflammation, which has disorganized the osseous tissue and altered the structure of the adjacent soft parts to such an extent that a radical operation was unavoidable.

Thus I have presented, as a study, this most interesting case, the primary lesion of which, as is plainly seen, lay in an anomalous dentition.

The analogy of this primary lesion, with the case given from my own practice, will also be observed. Yet, further, it will be remarked that from a like cause proceeded very different results—results explainable by a consideration of constitutional influences.

Query.—Will not, then, the ability to recognize primary lesions—particularly as they may have alone a local signification—insure us against the probability of having to confront the more formidable secondary?

(*To be Continued.*)

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SURGICAL CLINIC.

Service of Dr. A. Hewson.

April 3, 1861.

REDUCTION OF THE FEMUR BY MANIPULATION.

A little girl, three years old, while playing on the floor yesterday, fell toppling over on one side, and when picked up was found to be unable to walk. One of her limbs was flexed, the thigh on the pelvis and the leg upon the thigh, and the child complained of a great deal of pain. The child was brought to the hospital for treatment. It was stated as part of its history that last summer it had had two attacks of severe pain in the vicinity of the hip-joint, which were attributed to rheumatism and so treated, but ever since then she has been obliged, when sitting, to straighten her limb.

The motions at the hip-joint were, however, perfect, though the child always walked with the foot slightly inverted.

There is an unnatural fullness of the buttock on the outside, with a depression of the fold of the nates with flexion of the limb, and when the child raises itself on the end of the toes, there is also an evident increase in the length of the limb.

When admitted, there was shortening to the extent of about an inch. Attempts were made by the resident surgeon to reduce the dislocation without success; but since then there has been some diminution in the shortening.

In the neighborhood of the spine of the ischium, the head of the femur can be readily felt. At first, the dislocation was probably on the dorsum of the ilium. It is now evidently backward in the ischiatic notch. Whether any disease of the hip-joint existed previously to this accident, it is difficult to say; but there is strong suspicion that there has been an arthritis, which might have favored the occurrence of the dislocation.

In complete dislocation, the capsule of the joint is torn across when the bone escapes from its socket, making a considerable opening, and this rupture generally takes place in the hip, close to the acetabulum; but it is not a mere button-hole slit, as stated in the surgical works of the older writers—the rent is across the capsule, and involves always, at least, one-third of this structure; the remaining portions are put very much on the stretch, and, binding the head of the bone against the edge of its articular cavity, furnish, in Dr. Hewson's opinion, the chief obstacle to reduction of the dislocation.

This was explained by Dr. H. on a preparation, and the influence of strong traction on the limb was shown to increase the tension of the remaining part of the capsule. He also referred to the fact that, if the chief obstacle was in the resistance of the muscles around the joint, it should disappear entirely when a patient is fully etherized, which it does not, and should not have been to any extent in the patient before the class, (a little, puny child of three years;) whereas some difficulty had been experienced here, and the method of reduction tried by the resident surgeon had failed. The old method of reducing a dislocation of this kind was to put a band across the perineum to steady the pelvis, and then to make traction in the line of displacement by a band and pulley secured to the thigh. The reduction accomplished in this way was shown by Dr. H. to be often at the expense of a part of the portion of the capsule which remained intact. The method of manipulation proposed by Dr. Reid, of New York, was then referred to, and the success which has so generally followed its adoption commented on. This method consists in flexing the leg on the thigh; then gently gliding the thigh across the opposite limb, up on the abdomen as high as possible; then suddenly rotating the whole limb out and straightening it.

This, it was then shown, would sometimes (where there was not an excessive tearing of the capsule and the dislocation was on the dorsum ilii) fail of success by the head of the bone catching on the lower lower edge of the remaining portion of the capsule and the dislocation be converted into one into the ischiatic notch. This was, indeed, the method accurately pursued by the resident surgeon in this case. It was then shown by Dr. H., on the ligamentous preparation, where the dislocation was imitated, that if the sudden rotation outward of the limb had been resorted to before it was carried up on the abdomen, the head of the bone would have slipped into its place, and that it would be impossible to accomplish the reduction before the head of the bone was returned to the place where it was originally *dislocated to*.

The dislocation on the dorsum ilii was then reinduced in this case, and so much of the manipulation method of Dr. Reid as Dr. H. had shown was necessary was resorted to, and the reduction accomplished without the least difficulty. Dr. H. further remarked that the whole manœuvre proposed by Dr. Reid would be required in a case of original dislocation into the ischiatic notch, but not, in his opinion, for one originally on the dorsum, where it might, however, succeed if the rent was excessive, which he was confident was not the case here.

The usual after-treatment was instituted, and the child was discharged cured at the end of ten days.

DEATH FROM EMBOLISM, FOLLOWING AMPUTATION.

A man was admitted to the surgical wards on Saturday night, in consequence of a bad

comminuted complicated fracture of the leg, the result of a railway accident.

There was no question as to the necessity of the case. The man was brought in intoxicated, and with a bottle of whisky in his pocket.

He had had his foot caught between the bumpers of two cars in a scuffle with an attendant on the train.

Not much blood had been lost, and though under the influence of liquor, he soon reacted nicely.

Amputation was resorted to at two o'clock on Sunday morning, and the limb removed by Teale's method, at the junction of the middle and lower third of the limb.

Within six or eight hours after the amputation, the man became very sick at his stomach, and vomited several times.

Dr. H. saw him that morning between 11 and 12 o'clock; he was very restless, twisting himself about, and disturbing the dressings of the stump, moving it up and down, and he was still apparently in a semi-intoxicated condition.

But little stimulus had been given him after his admission. He had a peculiar anxious expression of countenance, and was crying for drink all the time; and he had a good deal of difficulty in respiration.

He was then stimulated pretty thoroughly, but did not appear to react perfectly. He was given milk and lime water, brandy and beef essence.

There had been some seven or eight ligatures applied to the vessels at the time of the amputation. The stump, that evening, was a good deal swollen and livid, and next morning quite decidedly so, and spotted dark and red.

The limb had been dressed according to Teale's method, merely bringing the flaps together, and applying nothing but the sutures.

He continued from Monday morning to grow worse and worse, and when seen late in the afternoon all hopes were given up of his recovery, and on Tuesday morning, at six o'clock, he died, just sixty hours after the occurrence of the accident.

He died too soon for the cause of his death to have been the effect of surgical fever, of which, indeed, he had had no signs. His pulse was feeble and frequent from the very first: his skin was generally cold and clammy, and he had considerable dyspnœa, and gactitation.

The stump was examined after death, and the popliteal artery dissected out from the posterior flap, all the way down with the vein, and was apparently free from all disease.

On the outside of the vein and in the sheath of the vessel, there was a clot running up some considerable distance. There was no large clot in the stump; there had been no secondary hemorrhage. On the divided surface of the smaller flap, there was a puriform-looking substance studding the surface all over. The anterior tibial artery was dissected out, and where the branches above came off there was found an amount of yellow-looking substance, having much the appearance of pus, and evidently of the same nature as that which studded the surface of the end of the smaller flap. The other arteries were also filled with this deposit. In the right side of the heart, there was but a small quantity of soft and grumous coagula—no more than is usually found there in persons who die from exhaustion; but in the left side of the heart there was a firm fibrinous clot, yellow in color, like the deposit seen in the artery. There was no perceptible evidence of any disease of the heart.

The lungs were but superficially examined; but there was well-marked emphysema.

It must be remembered, in searching for the cause of this man's death, that the stump became livid and swollen, rather purplish, dark, and vesicated, as if in a state of gangrene, within forty-eight hours after the amputation.

Now, how are we to account for this man's death?

We can do so on the supposition that an embolus occurred here. It was perhaps formed in the vein and carried into the current of the circulation and passed into the right side of the heart, thence into the lungs, and then broken down there. The larger portion, perhaps, having been retained, giving rise to the dyspnœa and emphysema, and the lesser portion probably consisting only of the white corpuscles of the blood, the red having been destroyed and broken down, passed on, forming a fibrinous clot in the heart, a portion of which has been carried along the current and caught just at the point where the arteries above, where they had been tied, give off their branches, where the current becomes so much diminished that it is unable to carry the obstruction on farther.

In consequence of the arrest of the circulation here, mortification ensued. This is the only satisfactory explanation of the cause of death that can be formed here.

—o—

The Medical Profession in the large cities throughout the country are engaged in giving gratuitous instruction to volunteer surgeons and nurses in connection with their respective duties, in view of the probability of war.

The medical and surgical staff of our large city hospitals have offered to aid by their advice in organizing the medical department of the army.

The First Commencement of the Medical Department of the University of the Pacific was recently held at San Francisco. There seems to have been quite an effort to make an impression, if not a sensation. There were six graduates, being the first crop of doctors on the Pacific side of the continent.

Medical Societies.

PROCEEDINGS OF THE BROOKLYN MEDICO-CHIURGICAL SOCIETY.

Dr. Daniel Ayres, *President.*

On motion of Dr. Jones, it was resolved, "that the members of the society tender their gratuitous professional services to the wives and children of those volunteers in this city who have answered to the call of their country."

Thrombosis of the Left External Iliac and Femoral Vein--Consecutive Phlegmasia Alba Dolens--Fatty Degeneration of the Heart—Enlargement of Mesenteric Glands—Leucæmia.

Dr. Louis Bauer presented a specimen removed from the body of a woman, aged thirty-two years. The attending physician, Dr. M'Phail, stated that the woman had, for some time, been feeble and very palid. She had given birth to two children; the younger ten weeks before her death. The parturition had been of an ordinary character, but lactation scanty. A week after confinement, the left leg became the seat of a moderate phlegmasia. Without any other prominent symptom she gradually sank and died. Dr. Bauer made the post-mortem examination. The intense pallor of the body attracted particular attention. The heart was almost white. There was considerable fatty deposit on the right half, leaving scarcely any muscular structure, the walls being thin and flabby. On the anterior surface there was a circumscribed deposit of plastic lymph, of the size of a dime, still soft and evidently of recent origin; no other evidences of peri- or endocarditis. The cavities of the heart were filled with soft fibrinous clots, extending into the large vessels. The liver was of ordinary size, but pale and fatty. Spleen somewhat softened and hyperæmic, not enlarged, the capsule peeling off readily. The mesenteric glands greatly tumified. Kidneys pale and fatty; otherwise not altered. Uterus normal. The left external iliac and femoral vein were obstructed, the latter down several inches below Poupart's ligament. About the femoral ring the thrombus was evidently of longer standing, because it was in a state of degeneration. The coats of the vein were healthy. The rest of the organs not mentioned were distinguished by their extreme pallor.

Some fragments of the heart have been carefully examined under the microscope, and the muscular structure found to have undergone fatty degeneration to such an extent as to leave scarcely any traces behind. The clots in the heart being washed in distilled water, and the latter microscopically examined, exhibited a superabundance of colorless corpuscles.

It was thought that the case belonged to leucæmia, but that death was directly attributable to fatty degeneration of the heart. Most commonly enlargement of the spleen is found in these cases, although Virchow has met with instances where the mesenteric glands were alone involved. The ready coagulation of fibrine and incidental thrombosis is a marked feature of this disease.

Dr. Bauer's Case of Perforating Wound of Left Knee-joint—Gelatinous Degeneration of Synovial Membrane—Peculiar Appearance of the Articular Cartilages—Pebble-stone in the Joint—Amputation.

This case pertains to a German grocer, aged forty-two years, of strong, square-built frame, and of good health. Three weeks ago, he was thrown from a wagon violently, and a transverse wound, two and a half inches in length, was inflicted above the patella on the left knee-joint. A homœopathist closed the wound by some stitches, neglecting, however, to cleanse it properly. Turbulent reactive symptoms ensued. Dr. Bauer was placed in charge of the case forty hours after the accident, when he found the joint considerably swelled, hot, discolored, fluctuating, and the surrounding parts emphysematous. He immediately reopened the wound, when about a pint of sanious matter, mixed with air, escaped. There was a wound of the capsule about an inch in length; the anterior surface of the patella was denuded, and undermining tracks radiated from the joint.

These were freely opened, the wound carefully cleansed, aromatic emolient poultices applied, and the leg placed in a straight iron splint. The constitution of the patient had become already seriously affected, and in a few days the signs of a mild form of delirium tremens supervened. Notwithstanding this new complication, opiates, tonics, generous diet, Hungarian wine, most rigid cleanliness and ventilation, together with a good constitutional basis to work upon, sustained the drainage, and fine granulations appeared in the wound. For some days hopes were entertained of saving the limb, but suddenly the character of the granulations changed, purulent infiltration of the leg set in, and typhoid symptoms, with bed-sores, rendered amputation imperative. The condition, since the removal of the limb, has been progressively improving.

The specimen here presented is highly interesting and instructive. The gelatinous degeneration of the synovial membrane generally ascribed to chronic diseases of joints is developed to a great degree. The membrane is raised in folds by this accessory tissue, and protrudes into the articular cavity in every direction. When divided, the sub-serous tissue discharges a semi-fluid gelatinous material from a very loose connective tissue, evidently the slime-tissue of Virchow. The semilunar cartilages are detached, and of milky white

color. The cartilaginous covering of the femur is partly thickened and white, partly destroyed, exposing the bony structure, and softened, so as to cause grating of the joint. The condyles, in places not having cartilage and exposed to the action of matter, are in a state of advanced caries. The crucial ligaments show incipient disintegration. There are two perforations of the capsule immediately behind the femoral condyles. A small pebble, the size of a lentil, was also found imbedded. The pus had worked its way between the muscles of the leg, softened the gastrocnemius, and descended almost to the tendo-Achilles.

Dr. Ingraham's Case of an Enormous Ovarian Cyst, with Colloid Tumor, weighing twenty-three pounds.

Discrepancy of Diagnosis.—The clinical history of the case does not extend beyond two years, when the patient, a middle-aged lady, first noticed a hard, nodulated, and movable tumor in the right iliac fossa. Its rapid increase and the failing health of the patient rendered consultation desirable. In the course of time, seven of the most prominent physicians were called in, and seven different opinions were rendered. That there was a large cyst could not be doubted, and repeated paracentesis placed it beyond question. The hard mass was the subject of dissent. One physician pronounced it proliferous cystic growth connected with the ovary; another, colloid, probably originating in the omentum; a third, encephaloid of the liver, etc. The tumor, by its pressure, had produced procidentia of the womb.

Dr. Bauer made a post-mortem examination a few days ago. The body was greatly emaciated, and presented a countenance of a cachectic hue, evidently indicating a cancerous disease. The abdominal cavity was enormously distended, and the umbilicus protruding. There was considerable fluctuation in front, and by means of a trochar, almost two pailsful of a semi-gelatinous yellowish transparent fluid evacuated. A tumor, with an uneven, nodulated surface, was left occupying the entire abdominal cavity, and presenting in the right hypochondriac region a sharp margin, like that of the liver. There was no mobility discernable. Through the vagina only the fluctuating cyst could be felt. When the abdominal cavity was opened, the entire mass was everywhere adherent, thus accounting for its immobility. The adhesion was so intimate as to require some effort to detach the tumor. The large cyst, then empty, occupied the front portion; the solid mass the posterior and superior portion. The cyst extended to the right hypochondriac region, and, being overlapped by the solid mass, left the latter prominently felt when the former was empty, and thus had given rise to the erroneous but very excusable diagnosis of an encephaloid liver. With the latter, it corresponded in seat and size. The liver was pressed upward and backward, and thereby doubled upon itself, the anterior marging being thrown upward and backward. The origin of the tumor could be clearly traced to a wide fold, arising from the right ovary, which had acquired the size of a goose egg, being firm and of a yellow color. The left ovary firm, and of the same color, slightly nodulated, but of ordinary size. The uterus was slightly stretched, otherwise normal. Exclusive of the cyst, the tumor weighed twenty-three pounds, and with its liquid contents must have weighed some forty pounds. The length is fifteen inches; breadth, eleven inches; height, six and a half inches; longitudinal circumference, forty-one inches; and transversal, twenty-seven inches. The whole parenchyma of this mass, which was presented to the Society, consisted of a semi-solid material, with a firm, fibrous stroma, the latter forming numerous small cavities containing colloid material, of different consistency and color. There were also numerous small encephaloid deposits in the sub-peritoneal tissue.

EDITORIAL DEPARTMENT.

PERISCOPE.

THE TREATMENT OF TETANUS.

Dr. Hutchinson, after the consideration of a statistical table of a large number of cases of tetanus, occurring in the London hospitals, concludes with the following memoranda as to the management of the disease. We quote from the *Medical Times and Gazette*.

1. The chief objects in view are three:—to mitigate the force of the local irritation to which the disease is due; to sustain the patient's strength by food; and, lastly, by procuring sleep, to allow the nervous system the opportunity of regaining its wasted powers.

2. If the case be seen in the very onset, and if the injured part be a finger or toe, it is desirable at once to amputate, whatever may be the local condition. If the injury has been severe, and the part have passed into a state in which, whether from sloughing or otherwise, its recovery is doubtful, it is desirable to amputate at any stage of the disease, or even if one of the extremities be the part involved.

3. The injured part should be poulticed, and the limb above it wrapped in lint soaked in laudanum or chloroform.

4. The patient should be put in a room with but one attendant, and the strictest quietude should be insisted on.

5. If the patient has been accustomed to it, he should be allowed to smoke.

6. The bowels should be well cleared out by croton oil or other efficient purgative.

7. If the skin be very hot, the pulse jerking, and the tongue red and dryish, the surgeon may be justified in combining small doses of calomel with the narcotic he may have selected for employment.

8. A free allowance of beef-tea, milk, eggs, and similar articles of concentrated fluid nutriment should be given, more especially in the later stages of the complaint.

9. As long as the patient is able to take food and to obtain periods of comparative quiet and freedom from pain, the use of anæsthetic inhalations is not desirable. Great advantages may, however, be obtained from them if he be unable to open the jaw sufficiently to permit of taking food, or if the tetanic spasms are without remission. Either appears to have stronger facts in its recommendation than chloroform.

10. One or other form of narcotic—opium, Indian hemp, belladonna, or Woorara—should be freely used. There is no very decisive evidence as to the advantage of any one of these over the others. Respecting the Indian hemp and the woorara, the difficulty often encountered in obtaining them in a state of reliable activity will often be an obstacle to their employment.

11. Excepting, possibly, in the per-acute cases, the free use of quinine appears to be desirable. If given in large doses, it generally reduces the frequency of the pulse, and in some cases a mitigation of the tendency to spasm has attended its influence. The rapid induction of cinchonism is a measure well worthy of a fair trial.

UTERINE PEMPHIGUS.

The Paris correspondent of the London *Lancet*, under date of April 9, writes:

"A paper read by Dr. Joulin at the Academy of Medicine, last Tuesday, gives an interesting account of a somewhat rare affection of the os uteri, known as uterine pemphigus. This malady, as in the somewhat similar condition (whence it takes it name) observed in other portions of the body, is characterized by the formation of a small bladder, or vesicle, on the surface of the cervix. The epithelial layer is detached from the subjacent tissue by the exudation of a transparent fluid. Another diagnostic sign peculiar to this disease is the existence of a narrow border, of a bright-red tint, round the base of the vesicle, probably a linear extravasation of blood. The film of epithelium which forms the bulla is tough, and resists a considerable amount of pressure without rupture; and for the evacuation of the contained fluid a puncture is necessary, or else the employment of a chemical agent capable of disintegrating the tissues. Professor Nélaton, at the Clinique, and M. de Castelnau, at the Hôpital de Lourcine, have both observed this condition. The author of this memoir is, however, the first to publish any definite description of this particular form of uterine disease. As the affection itself is unaccompanied by pain or other discomfort, and usually subsides spontaneously in three or four days, without leaving any trace of its previous existence, its history would have presented little practical interest, were it not for the fact, that in the outset uterine pemphigus may readily be confounded with another and a more grave disorder of the same organ—namely, diphtheritic chancre, a malady described by M. Bernutz, and which, after the destruction of the pellicle, goes on to tedious ulceration, by no means easy to treat. The differential diagnosis between the two affections turns upon the fact, that in pemphigus the vesicle is large and single, whereas in the first stage of the diphtheric chancre it is multilocular, or, perhaps, rather is composed of an agglomeration of small bullæ, which become confluent."

REVIEWS AND BOOK NOTICES.

A Treatise on Fever. By Robert D. Lyons, K.C.C., etc. Philadelphia: Blanchard & Lea, 1861. Pp. 350.

In this volume, as the title-page informs us, we have selections from a course of lectures on fever, being part of a course of Theory and Practice of Medicine in the Catholic University of Ireland. Taken as a whole, we can recommend it in the highest terms as well worthy the careful perusal and study of every student and practitioner of medicine. The author is evidently a careful observer and judicious thinker, and where his means of observation have been extensive, his practical and theoretical conclusions are worthy of all confidence. We shall place the volume on our shelf by the side of Cullen, Fordyce, Armstrong, and Bartlett, as the result, thus far, of the labors of the age in pathology on the subject in question. Not that the work is, in itself, complete; for it treats, practically, only of three of this large class of diseases—viz: typhus, typhoid, and yellow fevers; but because it is a step in the right direction, and one which, if properly followed up, cannot fail to elucidate the whole class of febrile diseases, and bring them more within the domain of the *healing* art.

Dr. Lyons' views of the pathology of fever, in general, are that it is an *increased tissue-metamorphosis;* and, while he avoids committing himself as to whether this has its origin in the vascular or nervous system, he evidently inclines to the solidist and neuristical views, as modified by Virchow. His classification of febrile diseases is into primary, irritative, and eruptive. He only treats in this volume of some of those falling under the first class, which he subdivides (after Galen and Cullen) into continued, intermittent, and remittent. Under the head of continued fevers, he enumerates synocha, synochus, typhus, and typhoid.

It seems strange to find an author of such extended means of observation, in these days of microscope, scalpel, and test-tube,—one who uses them himself, too,—maintaining the existence in our midst of synocha or inflammatory fever without local causative inflammation, or of the mixed half inflammatory, half typhoid synochus; and yet we cannot help admitting in our hearts that he may be more than half right, notwithstanding the disrepute into which Good's scathing criticism in England, and Dr. Wood's clear reasoning in this country, has cast the unintelligible jargon. Every practitioner of large experience must confess, that he has seen cases of febrile action in which his utmost skill could detect no focus of inflammation, and yet which could not be legitimately classed under the head of any of our usually-recognized fevers of the present day. We can only recommend such an one to turn to Dr. Lyons' pages and see if the descriptions which he draws of the course of such cases will not, to some extent, correspond with the phenomena presented to his own observation. We fear there has been, perhaps, too much disposition of late, to throw by, as obsolete and useless, the close clinical observations of our predecessors, relying upon the light of more recent discoveries in physiology, pathology, and chemistry. Let us by all means cherish these; but let us, also, be careful lest in rejecting the chaff of exploded notions we throw away the golden grains of experience.

The chapters on typhus and typhoid fevers are worthy of the most careful study. The portraitures of disease are faithfully and vividly drawn, while the directions for treatment are admirable. Appended to the chapters on typhoid fever is an abstract of Dr. Lyons' Report on the Diseases of the Army in the East, (Parliamentary,) containing a full description of the pathological conditions found *post-mortem* in this disease, as it occurred in the Crimea.

Omitting the consideration of intermittent fevers, of which he recognizes three types, the quotidian, tertian, and quartan, and also of bilious remittent, Dr. Lyons next proceeds to the consideration of yellow fever. We wish we could speak with as unmixed praise of this portion of the work as we have of the former. He seems to be entirely uncertain as to whether it is not a mere variety of bilious remittent; indeed, in his classification, he includes it with the latter, under the head of paludal fever. More extended observations, and closer acquaintance with the works of such American authors as have seen the disease, would have saved him from this error. We would recommend him to study La Roche, Bartlett, Wood, and Dickson closely before preparing another edition of his work; and then, we think, he will hardly state that nosologists have not as yet fixed the position of this disease. Did we claim that title, we should prefer placing yellow fever among the continued, rather than among the remittent, fevers—adopting the suggestion of Prof. Pepper, that the remission or intermission on the third or fourth day may be due to the great effusion of blood which then takes place, and soon manifests itself as "black vomit."

Dr. Lyons makes four forms of this disease, the algid, sthenic, hemorrhagic, and typhous, illustrating them by cases; he also appends a most valuable microscopic record of the examinations made by himself, at Lisbon, in 1857; and an essay on the causes which he supposes productive of that epidemic. He is a strong non-contagionist. Were we disposed to quarrel with him, we should find fault mainly because of the little attention which he is disposed to pay to the altered condition of the blood in fever cases, as the cause of many of the phenomena observable. But, as we have already said, we consider the work a most valuable addition to medical literature, and one destined to wield no little influence over the mind of the profession.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 4, 1861.

THE AMERICAN TITLE IN MEDICINE.

On another page, a "Retired Surgeon" calls attention to a subject that we are anxious should be kept before the profession at all times, and under all circumstances, in season and out of season. For the last five years the Reporter has urged the necessity of the adoption of some national standard of qualification for admission into the ranks of the profession. This, it has maintained, can only be done through the American Medical Association, by that body adopting a standard of its own, and requiring all who desire to become members, to pass an examination before qualified and independent Boards of Examiners, the examinees of the Army and Navy Boards being admitted as *ad eundem* members.

This proposition has met with much favor, though it is not to be denied that by some it is thought to be impracticable. Conceived in the spirit of our national institutions, and depending entirely on the will of the governed, its provisions could, of course, only be carried out by the general consent of the profession. We do not think that we presume too much on the

esprit du corps of our profession, when we suppose that they will be willing to sacrifice a little feeling, if need be, to establish a principle, which, once established, will take care of itself. Let it once be understood, that if any one wishes to hold a respectable position with the public as a medical man, he *must* be a member of the American Medical Association, the point is gained, and the problem of elevating the standard of medical education in our country is worked out beyond peradventure. It is within the recollection of many of our readers when it was not necessary, even in our older States, for a medical man to be a graduate of a medical college at all. A certificate from his preceptor was all that was considered necessary. But now, a diploma from a medical college is the only passport to the confidence of the public.

We desire to transfer this passport from the keeping of the colleges to that of the American Medical Association.

We would not depreciate the value of the old degree, or abrogate it, when worthily bestowed; but we insist that there should be some guaranty that it *is* worthily bestowed, and the power of giving that guaranty we would vest in the only body capable of giving it a national or continental importance, viz: the American Medical Association.

Though we have good medical colleges and able and honest faculties in all parts of the country, no one will deny that the degree represented by the initials "M.D." is not always worthily bestowed even by them; and, further, no one will pretend to deny that many institutions are chartered, and will continue to be chartered, by our State governments, which have an equal *legal* right to bestow this title, whose alumni are not and cannot be received into fellowship with our profession, and that, therefore, the degree is in itself no measure whatever of the professional standing of him who possesses it.

We are not so wedded to this plan of elevating the standard of legitimate medicine in this country—which has been inculcated for the past several years with such pertinacity through the pages of the Reporter—that we will not willingly yield our assent to any better or more practicable plan, though we confess to our inability now to see on what basis it can rest.

The present is, of course, an unfavorable time for action; but discussion is a necessary preliminary to action, and the time for that is always present.

AMERICAN MEDICAL ASSOCIATION.

We announced, last week, that the annual meeting of this body, which was to have met in Chicago, in June, had been postponed by the Committee of Arrangements. Since that time the following official notice of the postponement has come to hand:

"*American Medical Association.*—The undersigned Committee, appointed to make the necessary arrangements for the annual meeting of the Association in this city, in June next, after due consultation with prominent members in distant sections of the country, hereby give notice that said annual meeting will be *postponed* until the *first Tuesday in June*, 1862, on account of the present grievously-disturbed condition of the whole country.

N. S. Davis, E. Andrews,
J. Bloodgood, Thos. Bevan,
De Laskie Miller, H. W. Jones,
J. W. Freer,

Committee of Arrangements.

Chicago, April 25, 1861."

SPIRIT OF THE MEDICAL PRESS.

The *Medical Times*, of London, in an article on the state of pharmaceutical science in North America, admits the high position which our pharmacy has attained. The *Times* has just discovered that we are in the habit of using some valuable remedies which are unknown to English practitioners. Among these are mentioned such indispensables to American physicians as veratrum viride, cimicifuga, podophyllum, and others which are equally unique in their properties. The "concentrated medicines," now so much used, are alluded to as novelties, and it is said that Dr. Acland, the physician of the Prince of Wales, at his recent visit, made the discovery of the familiar sugar-coated pills, and on his return exhibited them.

PENNSYLVANIA STATE MEDICAL SOCIETY.

The all-absorbing subject of our national difficulties so preoccupies the public mind at this juncture, that we fear it will have an unfavorable influence on the meeting of the Pennsylvania State Medical Society, proposed to be held at Pittsburgh next month. Would it not be well for the Committee of Arrangements, following the example of those of other societies, to postpone the meeting, as, under existing circumstances, it is not at all likely that the meeting will command the interest of the profession, or that the attendance will be large?

We simply make the suggestion, and await the action of the proper committee.

Correspondence.

FOREIGN CORRESPONDENCE.

Montpellier, March 10, 1861.

LEPROSY HOSPITAL IN BARCELONA.

Messrs. Editors:—A short time before leaving Spain I visited the hospital at Barcelona, intended for Elephantiasis of the Greeks, or Leprosy, as it is often called, although the leprosy described in Leviticus was certainly a very different disease. This hospital is not as large as the one in Granada: containing, at the time of my visit, only eight cases, five men and three women. It is called "Hospital de San Lazaro," and although under the same administration as the general hospital, and considered as a branch of it, it is placed in a separate building for fear of contagion. Of the eight cases in the hospital, in two the disease was situated in the leg chiefly; in one of these a man, who had been affected, as he said, for fifteen years; the limb was a good deal swollen and somewhat ulcerated. One of the ulcers was very deep, although not extensive, and it was preserved open by a tent, so as to give free vent to the deep-seated pus. The tent was introduced to a depth of between one and two inches. Although he had been afflicted for such a great length of time, he had no pain when quiet, and still was able to walk a little; but if he attempted to walk much the part became tense and painful. In the woman, whose leg was affected, there was much less swelling, but much more ulceration. In all but these two, the face was chiefly diseased, being swollen and distorted to a considerable extent. In one woman it had not yet made any great progress, and, at a little distance, she might have been supposed to be affected only with an exaggerated form of acne; but two of the men were excessively deformed by it; one of them, a young man of twenty, appeared to be at least forty years old, and had his nose fallen in, as if he had been affected with secondary syphilis. The account given by those connected with *this* institution corresponds with all I had read or heard before; that the disease is incurable, and that, although it may allow life to continue for a good while, yet, sooner or later, it always proves mortal.

THE MEDICAL SCHOOL OF MONTPELLIER.

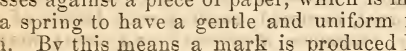
My visit to the Hospital and Medical School here, in Montpellier, has been very agreeable and instructive. The school is the oldest in France, and, except that of Salerno, in Naples, it is the oldest in Europe. The building is a large one, built around a court-yard, and adjoining the cathedral. Beside lecture-rooms and laboratory, it contains a very fine and large museum, a large library, and a small picture gallery, many of the pictures in which are on subjects connected with medicine. In the room where degrees are conferred I saw, over the president's chair, in the position, which in Spain was always filled by a portrait of the Queen, a little bust of Hippocrates, brought by Napoleon I. from Rome, and presented by him to the school of Montpellier. Under the bust is a rather boasting inscription, to the effect that Hippocrates, though formerly of the island of Coos, is now of Montpellier.

The museum is a very handsome room, with portraits of distinguished physicians around the cornice. Beside the usual array of wet specimens and wax models, which I had not time to examine minutely and critically, I observed some beautiful specimens of plants, preserved by the vapor of chloroform, in large hermetically sealed jars. The color was not preserved, but the form of the leaf and flower was perfect, and exactly as in nature. I at first almost supposed the specimens to be of wax, beautifully modelled. I could not understand the absence of all appearance of shrivelling or withering, at the same time that the color was altogether gone. Most of the plants preserved belonged either to the Solanaciæ or Umbelliferæ; the one which most struck me was a specimen of digitalis, in which the form of the flower and the velvety leaf were admirably shown.

ROUGET'S SPHYGMOSCOPE.

In the laboratory of M. Rouget, the Professor of Physiology, I was shown the operation of a little instrument, a sphygmoscope, which proved most perfectly the existence of a double pulsation at the wrist with every throb of the heart; and which is useful in pathology as well as in physiology, for by means of it an easy diagno-

sis may be drawn in many cases of disease of the heart, and it can even be told what particular valve is the one affected. Its manner of action is the following:—By means of a lever, the motion given by the pulsation of any artery over which the instrument is placed, and on which one end of the lever is gently pressed, is magnified very much. At the end where most motion takes place, a pencil is fastened, and presses against a piece of paper, which is made by a spring to have a gentle and uniform motion. By this means a mark is produced like the following:



Of course, as the paper moves on uniformly, any irregularity in the length of the waves must be caused only by an irregularity in the pulse, and by the nature of the line; the nature of the disease, producing variation, may often be diagnosed, and with much greater delicacy and certainty than could be obtained by the finger of the physician, or even, in many cases, by auscultation. For example, in disease of the semilunar valves, permitting regurgitation, the line drawn will be of this description:

showing the sudden withdrawal of the pressure immediately after the momentary impulse.

M. Rouget's table for vivisection was a very neat one. He had a lattice-work over it, which was convenient, both as allowing the animal to be tied in any position, and, also, in permitting the escape of the blood in the metal table underneath, which was provided with a hole for the escape of liquid.

Near the medical school is a very fine botanical garden, very well arranged for study. I could not but wish that there was a similar one in Philadelphia; the advantage to the student would be very great.

Truly yours,

M.D., Abroad.

DOMESTIC CORRESPONDENCE.

CANDIDATES FOR MEDICAL HONORS.

Philadelphia, May 1, 1861.

Messrs. Editors:—The excitement created of late in the minds of the medical profession by the proposed new degree, having somewhat subsided, it is to be hoped that the subject will not be allowed to rest here, but that some decided step will be taken by our medical colleges and associations for the purpose of raising the standard of candidates for the medical profession in this country. I would suggest a strict examination, such as that required in the United States Army and Navy, where the classical as well as the medical education of the candidate is subjected to the most severe test. In the examining boards of both departments, no favor is ever shown to an applicant; they take their position in the order in which they may pass, depending entirely upon individual merit. These examining boards require the candidate to have a thorough English education and a practical knowledge of medicine; and examine upon anatomy, surgery, the application of splints and bandages; operations in surgery upon the cadaver, in the presence of the examining board; theory and practice of medicine, materia medica, chemistry, botany, medical jurisprudence, natural and moral philosophy, mathematics, geology, mineralogy, and any other branch of natural history with which the candidate may be acquainted. The examination lasts several days, during which time the moral and social position of the applicant is carefully scrutinized; and, if after he has written his thesis and performed the usual preliminaries with satisfaction to the board, his oral examination commences, and finally operations are performed as a test of his skill in the use of the knife. As a matter of course, the medical staff of both departments are an honor to the country; and I can say, from personal experience, that the requisites for entrance into the Army and Navy of the United States, are greater than those required by either the British or French government boards. The few who have had the honor of taking the highest number in examinations, or taking "Number One," as it is usually termed, have been distinguished as bright ornaments in their profession.

"A Retired Surgeon."

Philadelphia, April 27, 1861.

LETTER FROM ILLINOIS.

Galesburg, April 24, 1861.

Messrs. Editors:—Feeling, as you do, a deep interest in all that concerns medical progress, you will, perhaps, be pleased to learn that the profession in this place have organized an association, to be called "The Galesburg Medical Association," and have elected as their President Dr. S. H. Hurd, who formed the acquaintance of your Dr. Butler, at the meeting of the American Medical Association last year, in New Haven.

There has, heretofore, existed no regularly-organized association in this city, having a constitution and by-laws, though there have been informal meetings of the medical men from time to time, and delegates been sent to other societies. It was to remedy these defects, and give the profession a proper standing, as well as to promote good feeling among ourselves, and general usefulness, that we have organized our association. Hitherto, there has never been an address, essay, or report on medical subjects, but we hope the "Association" will be a working-body, encouraging scientific investigations, and helping to raise still higher the standard of medical progress.

We have elected Prof. M. K. Taylor to represent us in the American Medical Association at the next meeting in Chicago, and also chosen delegates to the Illinois State Medical Society. There is, also, a movement on foot to resuscitate the "Knox County Medical Society," which has had no meetings for three years, but Rip Van Winkle is waking up, and, we think, will now go to work in earnest.

Yours, &c.,

B. Woodward.

NEWS AND MISCELLANY.

Absinthe Drinking in France.—Fashion holds despotic sway in every phase of life. The drinking customs of nations yield to it. With us, hard cider has given way to lager beer, and in France, wine has been replaced by absinthe. A correspondent of a New York paper, writing from Paris, says:

The frightful effects caused by absinthe drinking in France are just now exciting a good deal of interest in the medical fraternity. Absinthe is drank in immense quantities by all classes of society in Paris. In front of the magnificent cafés in the boulevards, between three and five o'clock in the afternoon, hundreds of gentlemen may be seen sitting, mixing and sipping this villainous green liquor, which is taken by way of an appetizer before dinner. Workmen drink it in the low, corner establishments of the "marchands de vin." In different portions of the city are establishments which are crowded from morning till night, in which the sale of absinthe is made a "specialty," and where nothing else is sold. Ladies of high families are reported to have yielded to its fascination. It has been exported, and is used to an enormous extent in all the French colonies, and statistics of exportation show that immense quantities of it are sent to America; and it may not, therefore, be uninteresting to learn something about the composition and effects of this seductive liquor, which, from the actual irresistible power which it wields over its victims, as well from the similarity of its effects and the general and increasing popularity it has acquired, may not improperly be called the "opium of the west."

What it is made of.—In a paper recently read before the Academy of Medicine of Paris, M. Motet, a physician, who has evidently devoted a good deal of attention to this subject, says, that the habitual use of absinthe causes a series of pathological manifestations extremely grave, and differing essentially from the effects produced by other alcoholic drinks. For ten years past, enormous quantities of it have been drank in Paris. The murderous beverage has been taken to Algeria, where it has been greatly abused by the colonists and the army, and where the heat of the climate tends greatly to heighten its deleterious effects. The effect of large doses, or of the habitual use of this liquor is now well known, but the drinker returns to it in obedience to an apparently irresistible fascination, knowing that it is destroying him.

"Absinthe," which is a French word, meaning, in English, "wormwood," is a liquor made by the distillation of a number of plants with alcohol. These are the tops of the wormwood, flag-root, anniseed, angelica-root, leaves of dittany, (*origanum dictamnus,*) and sweet margoram. All these are placed in alcohol of very high proof, where they are allowed to remain eight days, when the mixture is distilled, and half an ounce of the essential oil of anise is then added to each three gallons of the liquor. The first care after the distillation is to see whether the liquor has a good color, and whether it will "whiten" well, and, if it is lacking in these essentials, it is brought up to the proper point with indigo, tincture of curcuma, hyssop, nettles, and sulphate of copper. Absinthe, however, requires no adulteration to make it a positive poison. Composed of plants of highly-exciting qualities, mixed with highly-concentrated alcohol, it acts directly upon the nervous system, having a much more positive effect than other alcoholic liquors. In the process of distillation, the plants furnish several volatile oils, which are among the most violent poisons, and, beside these, it must be remembered that a large quantity of the essential oil of anise is added. Probably few persons, in mixing their absinthe, have ever stopped to consider the cause of the "whitening," or ever thought that the better the liquor "mixes" the more powerfully poisonous it is. The white deposit, which, in precipitating, renders the liquor turbid, comes from the essential oils of anise, wormwood, angelica, etc., which are held in solution of alcohol, but which are not soluble in water, or alcohol weakened with it.

Its Effects.—So much for the composition of this vile compound. Now for its effects, which, in a sentence, are summed up by Dr. Motet as a general poisoning of the system, which terminates in insanity and death. The following are given as the primary effects of the habitual use of absinthe:—The muscular system is brought into a state of uncertainty and indecision, which is easy to recognize by contractions and trembling of the forearm, of the hand and inferior members. Strange sensations are observed by the unfortunate victim—such as tingling and pricking of the skin, heaviness of the limbs, and numbness—the hand seizing and as suddenly letting go anything within its reach. In standing, the patients require something to lean against, not being solid upon their legs; the knees tremble and bend—a general air of hebetude marks the features; the lips, the tongue, and the muscles of the face tremble; the eye is sad and sorrowful; the

skin becomes yellowish; dyspepsia and wasting away ensue; the mucous membranes assume a violet hue; the hair falls off, and the whole frame-work of the man falls into a premature old age and dilapidation.

Such are the bodily signs of absinthe poison—and the mental troubles progress concurrently with the disorders of the muscular system. By reason of the progress of the disease of the brain, the sleep of the patient is disturbed; he has terrible dreams, and nightmares, and sudden wakings. He has hallucinations, illusions, blinding of the eyes, vertigos, hypochondria, a very marked embarrassment and dwelling upon words in speaking, and a constantly-decreasing strength of intellect. Such is the sad cortege of symptoms presented by the unfortunate victims of the terrible absinthe poison.

Nothing, says Dr. Motet, can stop the progress of the disease of the brain. Sometimes the symptoms will be more favorable, for a greater or less time, but the respite must not be taken as a sign of approaching cure, and a little sooner or a little later death steps in the midst of epileptic attacks, at a time when there is scarcely any human intelligence remaining—when the animal alone exits, and in a state of degradation of which no description can give an accurate idea.

Its Prohibition in the Army and Navy.—The French government has prohibited the use of absinthe in the army and navy—even to the officers—and it is said that an attempt is to be made to prevent its importation into the colonies. Deaths and insanity, the result of its habitual use, are, I am informed by a medical friend of mine, very common in Paris; and that on the tombstones of several of the prominent men in the literary world, whose lights have gone out during the past ten years, might with truth be written, "died of absinthe." And yet, with all these terrible facts before them, the use of this villainous mixture is daily increasing, and it is by no means improbable that the government, which interferes in matters of much less importance, will find it necessary before long to adopt a "Maine liquor law," prohibiting the sale of the poisonous compound.

At a meeting of the Essex Medical Union, held at the residence of Dr. L. W. Oakley, the following resolution was unanimously adopted:

Resolved, That the members of this Society agree to render gratuitous professional service to the families of those who may enlist for the war, when desired. W. M. Brown,

Secretary.

Dr. J. E. Garretson, of this city, began a course of lectures this week on military surgery. They were intended for the volunteer surgeons, and were gratuitous, and well attended. His lectures, this week, comprised Gun-shot Wounds of the Head, the Law of Projectiles, and Topographical Anatomy, in connection with wounds.

Prizes of the Académie des Sciences for 1860.—1. *Prize for Experimental Physiology.*—A great number of memoirs on various subjects have been sent in; but the Commission of the Academy confines its approbation to three, all relating to the nervous system. It has decreed its prize to Professor Stilling, of Cassell, for his great work on the "Structure of the Spinal Marrow." To MM. Philipeaux and Vulpian a first honorable mention is accorded for their "Experimental Researches on the Regeneration of Nerves separated from the Nervous Centres;" and a second mention is made of M. Faivre's essay on "The Modification which the Properties of Nerves and Muscles of Frogs undergo after Death." 2. For the *Prize in Medicine and Surgery* the Commission decrees three prizes and three honorable mentions. A prize of 2500 francs to M. Davaine for his treatise on Entozoa; a prize of 2000 francs to M. Bergeron for his essay on "Ulcerative Stomatitis of Soldiers;" and one to M. Maingault of 2000 francs for his work on "Diphtheritic Paralysis." The honorable mentions, together with 1200 francs, are accorded to MM. Turck and Czermack for their works on the Laryngoscope; and to M. Marcy for his "Studies on the Pulse."

The Sanitary Condition of the City of London.—Dr. Letheby reports, "that in the course of the year which has just expired there were 3,202 births, 2,747 deaths, and 1,735 marriages in the city of London. All these numbers are below the averages of the last ten years; but they have not all been reduced in the same proportion. The deaths have declined from an annual average of 3,018 to 2,747, the births from 3,474 to 3,292, and the marriages from 1,715 to 1,735. The distribution of the births and deaths and marriages among the people has been as follows: There were 24·6 births per 1,000 of the inhabitants, 21·1 deaths, and 13·4 marriages. In the preceding ten years the annual averages were at the rate of 26·7 births per 1,000, 23.2 deaths, and 13.4 marriages. For the whole of London the proportions are 33.2 per 1,000 for the births, 24·4 for the deaths, and only 9·5 for the marriages. In all England the latter numbers are somewhat less; for, while the births are at the rate of 34 per 1,000 of the population, the deaths are at the rate of 22·4, and the marriages but 8·2."

At a meeting of the Newark Medical Association, the following resolution was unanimously adopted:

Resolved, That we, members of the Newark Medical Association, regularly-constituted physicians and surgeons, recognizing the obligations of patriotism, do hereby hold ourselves in readiness to obey any call which may be made by the Government upon our professional services during the present fearful crisis through which the country is passing.

The Physician's Finger.—A very extraordinary case, and one sufficiently disquieting to physicians, was tried this week at the Court of Assizes, at Paris. An Auvergnat, named Mourges, rents a house in the Rue des Beaux Arts, and occupies part of it in the business of a charcoal dealer, letting out the remainder in lodgings. Among his tenants were a poor couple named Brin, and he used to make them pay their rent every fortnight in advance. On the 1st of January he went to their room to claim the money for the fortnight about to commence. Brin was absent, and his wife was ill in bed. He insolently called on the poor woman to pay him the money; but her medical attendant, Dr. Guzmard, who had entered just before, pointed out to him the impropriety of tormenting a sick person, and recommended him to return when her husband should be at home. But he began abusing the doctor, and at length seized him by the collar. The doctor pushed him away with violence, and he fell. This enraged him, and jumping up he flew at the physician, caught one of his fingers between his teeth, and actually bit off the terminal portion of the first joint. In his defence, the man pretended that in a struggle with the doctor the finger accidentally got into his mouth, and that by a nervous movement, which he could not control, he had bitten it off. The jury accepted the strange explanation, and acquitted the man; but the Court condemned him to pay the doctor 3,000 francs.—*Lancet.*

The Laryngoscope. — "This instrument," writes the Paris correspondent of the London *Lancet*, "bids fair to do as much for medicine as has already been done by the Helmholz mirror in diseases of the eye, with this difference, and that decidedly in favor of the former, that the one has directed us to a more accurate method of treatment, whilst the other has simply confirmed methods already arrived at by a different road. It is true that the ophthalmoscope will show you the earliest commencement of a cataract, or of a posterior staphyloma, or the existence of an atrophied papilla, a pigmentary retinitis, a peripheric choroiditis, etc.; but then comes the question, *et après?* The treatment is still the same—counter-irritation, local depletion, mercurials, iodide of potassium, and the rest *da capo*, and with no real practical advance; whereas, with the assistance of the laryngoscope, you can cure, sometimes radically and in a few days, chronic diseases which have lasted years, as I know, and which had previously defied every possible variety of medication."

Gross' Surgery in the Dutch Language.—A publisher in Holland announces that he is about having Gross' System of Surgery translated into Dutch.

American Writers on Pharmacy.—In the course of some editorial remarks on American Pharmacy, the *Medical Times and Gazette* speaks as follows of the principal American writers on this subject. It is worthy of notice, by the way, that all these authors are residents of this city, and all are living. Our cotemporary does not seem to understand that the Official Pharmacopœia of the United States is revised *once in ten years.* It was thoroughly revised last year by a Convention, which met at Washington for the purpose, and the new edition is or should be published by this time:

"American writers on pharmacy are many and eminent; indeed, we believe their literature in this branch of science will bear comparison with that of our own or of any other country. We need only cite the names of Doctors Dunglison, Wood, Bache, and Stillé, as writers on pharmacy, whose works are as highly valued as they are widely known both in England and on the Continent. The most recent authority is the one last mentioned, Stillé. His great work on "Materia Medica and Therapeutics," published last year in two octavo volumes, of some 1,600 pages, while it embodies the results of the labors of others up to the time of publication, is enriched with a great amount of original observation and research. We would draw attention, by the way, to the very convenient mode in which the *Index* is arranged in this work. There is, first, an "Index of Remedies;" next, an "Index of Diseases and their Remedies;" the former referring to the pages where information about any particular article of Materia Medica will be found; the latter enumerating under the head of any disease a string of remedies which may be tried with more or less chance of success in its treatment. Such an arrangement of the indices, in our opinion, greatly enhances the practical value of books of this kind. In tedious, obstinate cases of disease, where we have to try one remedy after another, till our stock is pretty well exhausted, and we are almost driven to our wits' end, such an index as the second of the two just mentioned is precisely what we want, but what our English Pharmacopœias do not give. The indices are arranged on the same plan in Dunglison's work."

The Bite of Rabid Animals not always followed by Hydrophobia.—A fact well worthy of notice is mentioned in the last annual statistics furnished by the General Hospital of Vienna. It would appear that out of 115 persons bitten by animals whose rabid state was clearly made out, only 25 died with symptoms of hydrophobia. As, however, the actual and precise length of the period of incubation in rabies is not known, these figures cannot be completely relied upon; but it is highly useful to note the comparatively small proportion of deaths which occurred after the well-ascertained inoculation with the poison.—*Lancet.*

Bellevue Hospital Medical College.—We were hardly prepared for so early an announcement of the organization of this new medical college in New York, the charter of which has just been obtained. It seems to have sprung ready armed from the legislative halls at Albany, and has taken advantage of the present crisis in our national affairs to introduce itself to the notice of the profession.

The faculty of the new college is composed of the following gentlemen, all of whose names will be recognized as among the ablest in their respective departments in the city of New York. Some of them hold chairs in other institutions, also. The Flints, father and son, for instance, are professors in the Long Island College Hospital, at Brooklyn, and in the University of Louisiana, at New Orleans.

Isaac E Taylor, M.D., President and Professor of Obstetrics; Austin Flint, Sr., M.D., Professor of the Theory and Practice of Medicine; James R. Wood, M.D., Professor of Operative Surgery and Surgical Pathology; Benjamin W. McCready, M.D., Professor of Materia Medica and Therapeutics; Frank H. Hamilton, M.D., Professor of Military Surgery and the Pathology of and Accidents to Bones; George T. Elliott, M.D., Professor of Obstetrics; Lewis A. Sayre, M.D., Professor of Orthopædic Surgery; R. Ogden Doremus, M.D., Professor of Chemistry; John W. S. Gouley, M. D., Professor of Anatomy and Microscopy; Stephen Smith, M.D., Professor of the Principles of Surgery; B. Fordyce Barker, M.D., Professor of Obstetrics; Alex. B. Mott, M.D., Professor of Surgical Anatomy; Austin Flint, Jr., M.D., Professor of Physiology; Charles Phelps, M.D., Demonstrator of Anatomy.

Dr. Wood stated that it was not the intention of the faculty to have commenced their lectures until autumn, but that the emergency of the times required them to act at once, and they had therefore requested Professor Hamilton to deliver a practical course on military surgery, immediately. He also announced that, by request of several medical gentlemen connected with the Army and Navy, he himself had consented to deliver a few practical lectures on operative surgery.

This course of lectures, he announced, would be without charge, and the material afforded for practice in the operations would also be without charge.

The Sanitary Condition of Vienna.—A correspondent of the *Medical Times and Gazette*, writing from Vienna, says:

"In a sanitary point of view Vienna is, indeed, far inferior to Berlin, Paris, and London; if, for instance, the Thiergarten at Berlin, the Champs Elysés, and the Bois de Boulonge, at Paris, and the Parks of London, are compared with our Prater, the latter does not at all shine to advantage; and the same may be said of the other parts of the city and the suburbs. In dry weather storms of sand and dust are continually whirling through the air, and irritate the respiratory organs, obscure the sight, beat against the face, and set the teeth on edge; or rain renders the unpaved thoroughfares impassable to pedestrians on account of the mud; or glazed frost causes no end of fractures of the collum femoris, and the lower end of the radius. Whoever has once experienced the effects of the dust of this city will not be surprised to hear that one-third of the deaths which occur here is due to consumption; and there can be no doubt that the great frequency of tuberculosis is not the fault of the geographical situation of the city, the atmosphere, the food, etc.; but is to be ascribed to the clouds of dust flying through the air, which are never laid by artificial irrigation, as is done at Paris, London, and in almost every town in Germany. This dust, the greatest part of which comes from those streets in which there is no pavement, and from the large cracks between the stones in the paved streets, does also give rise to diseases of the eye and skin, and to bronchitis and pneumonia. Besides tuberculosis, diseases of children and epidemics of typhoid fever are very frequent, and of a most destructive character. This is scarcely to be wondered at, if we consider that there is very little good water to be had in Vienna, that the streets are not kept clean, that there are no parks in the town, and that the drainage is in a frightful state. Add to this, overcrowding in the dwellings of the laboring poor, and a very defective organization of the Poor-law, and it will be seen that, until a thorough change is wrought in all the conditions mentioned, we cannot expect to see this city placed upon an equal footing with other capitals of Europe. The mortality of Vienna is enormous, and nearly twice as high as that of some English manufacturing towns: so that if the population were not continually renewed by immigration, our palaces would soon change into hospitals or deserts."

COMMUNICATIONS RECEIVED.

Arkansas—Dr. D. D. Hitchcock, Dr. E. Cross, with encl. *Connecticut*—Dr. J. C. Bolles, with encl.; Dr. C. H. Hubbard. *Delaware*—Dr. H. F. Willis, with encl. *Indiana*—Dr. E. B. Glick, with encl. *Illinois*—Dr. N. S. Davis, Dr. B. Woodward, Dr. W. M. Goodwin. *Massachusetts*—Dr. J. B. Brown. *New Jersey*—Dr. J Roberts, with encl. *New York*—Dr. C. L. Mitchell, with encl.; Dr. H. L. Horton, Dr. Louis Bauer. *North Carolina*—Dr. W. T. Sutton, Dr. W. H. Rowland, with encl. *Ohio*—Dr. W. C. Lenhart, Dr. A. J. Martin, Dr. C. H. Martin, with encl. *Pennsylvania*—Dr. H. Brubaker, Dr. J. S. Parke, with encl.; Dr. J. W. Gibbs, with encl.: Dr. J. Montgomery, Dr. J. Foote, Dr. D. L. Scott, Dr. W. M. Heath, with encl. *Vermont*—Dr. Charles L. Allen, with encl.; Dr. L. C. Butler, Dr. W. F. Lazelle, with encl. *Washington, D. C.*—Dr. H. H. Mitchell.

Office Payments.—Dr. Edward S. O'Grady, Dublin, Ireland: Dr. H. E. Brannin, N. J.; Dr. James Morrison, Pa. By Mr. Hulme: New Jersey—Drs. T. R. Clement, J. Cook, J. S. Whittaker, Charles Souder, J. H. Willits, Charles Butcher, E. L. B. Whales, R. Marshall, L. Reed, A Young, and D. G. Carlisle. By Mr. Swaine: Drs. S. Pancoast, J. Bond, L. S. Filbert, T. G. Morton, A. Funk, Crotzer, A. H. Smith, Osmun, Conway, Thompson, E. G. Waters, M'Rean, J. Buchanan, and B. Price.

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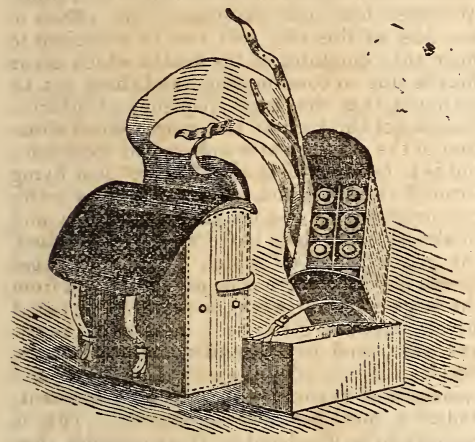

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" "	1		Mortar,	"	"	$19 00
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" "	14	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$15 50
No. 3, containing	18	1	oz. Ground Stop. Bottls			
" "	10	½	oz.	"	" and	
" "	4		Pots,	"	"	$12 00
No. 4, containing	20	1½	oz. Ground Stop. Bottles and			
" "	2		Pots,	"	"	$8 50
No. 5, containing	15	1	oz. Ground Stop. Bottles,			$6 50

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" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$20 00
No. 2, containing	7	1	1½ oz. Ground Stop. Bottles,			
" "	14	1	oz.	"	"	
" "	14	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$16 50
No. 3, containing	14	1	oz. Ground Stop. Bottles,			
" "	14	1½	oz.	"	" and	
" 4	4		Pots,	"	"	$13 00

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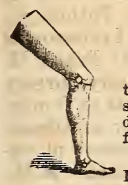

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To produce sleep and composure. To allay convulsions and spasmodic action.
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And being purified from all the noxious and deleterious elements, its operation is attended by
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Yours respectfully,

D. MEREDITH REESE, M. D., LL. D.,
Late Vice President of the American Medical Association; Resident Member of the New York Academy of Medicine; Editor of the American Medical Gazette, &c.

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18 1½-oz. " "
6 ½-oz. " "

The Bottles are in a mahogany Tray, lifting out.

The space under the Tray contains—
4 1 oz. covered Pots,
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and space for Instruments, Packages, &c.

The dimensions of this Chest are—
15¼ inches long, 9¼ inches wide, 9½ inches high.....Price, $18
Price, with Scales and Weights..... 19

No. 3 (fig. 80 in the Catalogue) contains—
16 2-oz. stoppered Bottles.
18 ½-oz. " "

The Bottles are contained in a mahogany Tray; the ½-oz. Bottles are in a smaller Tray fitting in the larger, giving convenient space beneath for small packages.

The space beneath the large Tray contains—
4 1-oz. covered Pots,
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and Space for Instruments, Packages, &c.

The dimensions of this Chest are—
12½ inches long, 8 inches wide, 9¼ inches high, Price, $13 50
Price, with Scales and Weights.....14 50

No. 4 (similar to fig. 79) contains—
15 2-oz. stoppered Bottles.
12 1½-oz. " "

The Bottles are contained in a mahogany Tray, which lifts out.

The space under the Tray contains—
1 Mortar and Pestle,
1 graduated Measure,
1 Tray for Scales and Weights,
and space for Instruments, Packages, &c.

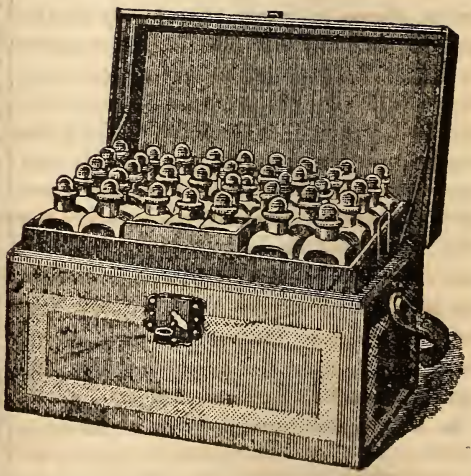
The dimensions of the Chest are—
9¾ inches long, 7¼ inches wide, 9 inches high, Price, $10 50
Price, with Scales and Weights.....11 50

No. 5 (similar to fig. 79) contains—
15 1-oz. stoppered Bottles,
in a mahogany Tray, which lifts out, leaving a vacant space underneath, 3½ inches deep, for Instruments, Packages, &c.

The dimensions of this Chest are—
7 inches long, 5½ inches wide, 9 inches high.....Price, $6 50

No. 1.

No. 2.



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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 238. } PHILADELPHIA, MAY 11, 1861. { NEW SERIES, VOL. VI. NO. 6.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

On some of the Uses of Chlorate of Potassa.

By J. W. Thompson, M.D.,
Of Philadelphia.

This comparatively new remedy is a most deservedly-popular one. Brought more prominently and generally into use from its reputation as a specific in diphtheria, it has, during the recent reign of that disease, been severely tested; and though disappointing the mere empiricist, always in search of a remedy that he can give under any and all circumstances, after his imperfect diagnosticating has christened the affection of his patient—giving it a "local habitation and a name"—although, I repeat, it has disappointed this character, yet the observant man of science has watched its effects and proven, at least in a measure, what it could and what it could not do. And he has found that notwithstanding there was some misapprehension at first with regard to its special power, that, nevertheless, the extent and greatness thereof, when under the direction of a skillful hand, had not been half revealed.

As a refrigerant, especially in adynamic fevers; as a tonic, and as an alterative, particularly in affections of the mucous membrane, it takes rank as one of our very best medicines. Your recent brief notices of it have provoked me to this writing, and as I have used it extensively during the past year, I propose to give you a tithe of my experience.

First, I might almost say, as a matter of course, I used it in diphtheria, and in cases of moderate severity with the most pleasing results. But ere long I had to come to the unwelcome conclusion that its specific power of dissolving the diphtheritic membrane, when forming a complete investment of the throat and larynx, was a false, deluding vision; and I became almost disgusted as the phantom vanished from my sight.

Still, partly because I could find nothing better as a systemic remedy, and partly because I was confident that in all but such cases it had been productive of much good, I took it up again and carefully noted when, where, and in what manner it did do good.

My conclusion is this, that diphtheria being a systemic disease with a local manifestation, if you correct the derangement of the system, the local trouble is at the same time corrected. This latter, however, may be so great through extraordinary virulence or neglect of early treatment, as seriously to complicate the case and increase the general disorder by interfering with respiration, preventing the proper aeration of the blood, thus making this already-vitiated fluid play the part of an active poison. When this is the case, it must needs be attacked by other means than the chlorate of potassa, and I know of no better remedy at our command than a solution of nitrate of silver, freely applied, while, at the same time, the chlorate of potassa is freely administered internally.

The chlorate acts effectively upon the blood and system at large, and if this action is not interfered with, as above mentioned, will speedily work a cure.

But this is not all; it acts locally upon the mucous membrane when allowed to come in contact with it, by the removal of the diphtheritic membrane, and thus, not only by reason of the renovated blood, but by this direct influence, is the inflammation brought under control and eventually completely subdued.

From the prostrating character of the disease, and the tendency to relapse, it is necessary to continue the use of the remedy through convalescence to complete health.

After having satisfied myself of its useful-

ness in this affection, I was led to try it in another. Being in want of a remedy for the truly inflammatory stage of ordinary angina, (from the generally tedious and unsatisfactory action of those usually given,) I conned well the merits of the chlorate, and concluded that, theoretically, it promised well, and determined to try it.

This I soon had an opportunity of doing upon myself, and to say that I was pleased with the result would be a very inadequate expression. Indeed, a more prompt and complete curative effect I could hardly imagine, being, in reality, so much more so than customary from the common treatment, that I finally doubted it as the cause, supposing it merely one of those spontaneous cures which do occasionally happen, surprising and leading astray by their occurring coincident with the administration of some article, which had about as much to do with the result as it would have in physicing the man in the moon.

Having a goodly number of such cases to treat, however, I soon renewed the trial, and again and again did it result in the same way, until I was at last convinced of its efficacy, and now rarely use anything else other than a cathartic, if strongly indicated, and sometimes, though rarely, an alum gargle, as an adjuvant. This remedy, in the inflammatory, and belladonna in the forming stage, (as mentioned by myself in an article commencing on page 137, of Vol. V.) gives me such command of this troublesome affection, as to leave scarcely anything to be desired.

Ulcerated sore-throat, cancrum oris, and the sore mouth of nursing women I find to yield more kindly to the administration of a saturated solution of the chlorate of potassa, than to any other treatment; here, though, I sometimes call in use argentum nitras, locally. Tonsillitis yields, also, to the chlorate at times like magic, if not already in the suppurative stage, and even then it is as good a remedy, almost, as we possess, and will much hasten the cure in many instances, although, of course, it cannot then arrest the disease.

In fact, to the whole class of diseases manifesting themselves in this region, it seems to be a medicine specially applicable.

These which are asthenic in their character (as most of them are) can be treated as successfully by *nothing else*, so far as my experience goes, as it acts strongly upon the blood, while, at the same time, producing its incomparable local effect. And those of a sthenic character answer markedly to this latter influence, while its action on the blood is not at all incompatible, it being not so much a stimulant as a corrigent in this particular.

In certain fevers which tend to the production of an adynamic state of system, such as scarlatina, it is the physician's sheet anchor, and without it I would hardly be willing to undertake their treatment. Of course, it would not do to give this blindly as a specific, neglecting all else on the strength of its power. Thus, in erysipelatous fever the local use of refrigerants, emollients, oleaginous "protectives," and circumscriptives are not to be neglected; while in the disease mentioned, *i. e.* scarlatina, lardaceous inunction is a most important remedy, and, in many cases, tartar-emetic or digitalis should be given to correct certain conditions of the head or pulse. Rubefacients for the throat, gentle laxatives, etc., etc., are all made likewise to play important parts, under the direction of the man who thinks and acts from the dictates of reason, instead of following the routine of some one whom he takes as authority, vainly imagining that because his *authority* found a certain course, under certain circumstances, and in certain cases, to be productive of good results, that, therefore, it must ever after, and in all cases, and under the administration of all indiscreet and unthinking people, be productive of the same results.

Let such, if they never did think independently before, try it for once by a review of their practice, noting how many typical cases they have seen. Why, scarce one in a hundred follows the exact course of the book-type: and wo is the man—or rather wo to his patients—who cannot meet variations as readily in the sick-room as the most consummate general can do on the battle-field. Indeed, what the general does a few times in a campaign, and which the world cherishes ever after as wonderful movements in strategy or counterpoise, is done, must be done daily, by the physician in his conflict with disease and death; and, if not prepared for this, better far for his fellow-mortals that he strike his colors and quit the field in most precipitate retreat.

I will not then be understood, when recommending the chlorate as the principal or best medicine in some diseases, to say that in such it is to be the exclusive one.

My usual prescription, especially when I

wish its local as well as general effect, is as follows, viz:

℞.—Potass. chloratis - ʒj.
Aq. font. - - - fʒiij. M.

S. Take a tablespoonful every two hours.

Its taste is not generally complained of, but should it be, and the local effect not a desideratum, a drachm each of sacch. alb., et pulv. acac., will render it very pleasant, while mint water may be used as a vehicle instead of aq. font. There are two uses for the article in question that I have not yet fairly tested, though it appears to me to promise well in both.

The first of these is phthisis pulmonalis and the other gonorrhœa, in which I think it might with advantage be made to supersede the preparations of silver and zinc as an injection.

Any one having practical knowledge of its use in such cases would confer a favor by giving his experience to the profession.

Anomalies of Dentition and their Surgical Relations.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Let us now take up the subject of Anomalies of Dentition. I will try to present it in a way in which each class of cases shall exhibit its own relations.

Anomalies may be classed under six heads:

1st. Teeth common to the age, but erupting external or internal to the arch.

2d. Teeth denied space in the arch, because of natural or surgical interference with the process of maxillary enlargement.

3d. Germs, developing in positions where their product must remain encysted.

4th. The production of supernumerary teeth.

5th. Third dentitions.

6th. Teeth, the periosteum of whose fangs are in association with the periosteum of the sinus maxillare.

These six conditions, then, because they differ from a just dental evolution, we call anomalies.

I might here say that these anomalies refer perhaps exclusively to a period subsequent to the first dentition; it is my experience that the deciduous teeth are never irregular to the arch; that the arch is always sufficient for their accommodation; that the germs, when existing, always develop regularly; and, lastly, because absorption of their fangs generally precedes the attack of dental caries. I do not recall a case where continuity of membranes has provoked disease in the antrum. That there is some irregularity in the period of development, of course, I admit—every nurse could tell of this. Richard the First was born with the incisors erupted. I am, myself, personally conversant with a similar case; while, only yesterday, I was consulted concerning a child, one year old, in which case as yet there was no evidence of tooth eruption.

M. Forget's case, published last week, refers to the disease showing itself first in the fifth year; this, of course, associates it with the germ of the first permanent molar; this tooth is the first of the second set, and erupts posterior to the deciduous molars at about the sixth year. A mistake, by the way, very common, is, that the lower central incisors are the first erupted of the permanent teeth; this is a sad mistake, and one that has often resulted in throwing the practitioner into trouble. At six years, the last teeth in the arch are the first permanent molars, and not milk teeth; to extract them is a very different thing to pulling the deciduous, for which they are so commonly mistaken. Further on, it will be remarked, that I make references to certain family and individual peculiarities in this first dentition, but such cases will be seen to come under the head of idiosyncrasies rather than anomalies.

The six anomalies, then, have surgical signification as they assume the position of primary lesions.

Anomaly 1*st*.—A tooth external or internal to the alveolar arch not unfrequently gives origin to an ulcer or locates epithelioma. But close as is this primary to the secondary lesion, and evident as such relationship would seem to be, I have known ulcers of the tongue, lips, and cheeks treated for months—of course, without success—where it has never seemed to strike the practitioner that the tooth could have any association with the disease; indeed, in one case, where the patient was remotely connected to myself, a most horrible death was the result of a cancer located in the cheek from this very anomaly. (See mention of the case on a succeeding page.)

Note.—Even where there is excess of room, the permanent teeth not unfrequently erupt irregularly; indeed, this applies so directly to the inferior incisors, that it may almost be said to be the rule rather than the exception. Un-

less specially indicated, it is the best practice to leave them to nature; they will almost always be found to come right of themselves. I would be understood as classing them with the anomalies only as the derangement is marked and permanent.

Anomaly 2d.—Teeth denied space in the arch. This anomaly has, perhaps, the largest associative pathological connection.

I remarked that this lesion, if we may term it such, is more frequently the fault of the dentist or surgeon than of nature. If, for one moment, we refer to certain physiological relations existing between the first and second dentures, we may find that it is within our power to prevent the many ills that follow so frequently in this train, and simply by doing little or, more commonly, nothing.

The deciduous dental arch is filled, as we are all aware, completely by its ten teeth. The second or permanent set is to comprise in number sixteen, and each tooth certainly quite as large again as its predecessor. This increase in number and size of the teeth, it is evident, must be provided for in an enlargement of the alveolar arch. This provision is always attempted by nature in the process described by the physiologist as the elongatory.

I will illustrate this process of maxillary enlargement by considering the ten milk teeth as so many wedges placed in a springy arch. This arch it is designed to lengthen by additions to either end. If, now, these wedges should be removed before others were ready to take their place, it is evident that the elongation, being made at the ends, would, to a greater or less extent, be counterbalanced by the springing together of the parts at the sites of the removed wedges. The process of maxillary or, rather, alveolar absorption, is truly represented by this retraction of an arch.* In proportion to the number of deciduous teeth removed from the arch, prematurely, will be the curtailment in size of that arch.

Let us, then, look at the results of such abridgement—approximal caries of the teeth; periosteal troubles; trismus; odontocele; necrosis; the violent inflammation attendant on the development of the dentes sapientæ, etc., etc.

Note.—If there is a pathological Pandora's box, it is certainly the lesion of an overcrowded maxillary arch.

This condition is made evident to the practitioner the moment he looks into the mouth of his patient, the teeth are jammed into the most uncomfortable-looking positions; the deformity, however, mostly existing in the front of the mouth, either the central incisors override, or the laterals are thrown back, or otherwise the cuspidate take the tusk position, standing out prominently from the arch, the bicuspids occupying too anterior a location, approximating, indeed, not unfrequently with the lateral incisors.

Treatment.—To abort all the ill consequences alluded to in a previous paragraph, extract at as early a period as possible the bicuspids of either side. This very simple operation will not unfrequently not only secure against secondary lesions, but will entirely correct the most annoying deformities. I speak from an experience too extended to be gainsayed. But let it be remembered by the practitioner who prefers prophylactic to operative surgery, that on his treatment of the deciduous mouth depends the health and comfort of the adult.

If I am asked what is to be done with the deciduous aching tooth, I may answer that the tooth should have been filled on the first appearance of decay; the dentist has in his armamentum plastic materials which he can employ in such cases, and which will be found to answer admirably the purpose of their intention.

Equal parts of chloroform and tinct. aconite applied to the nerve on a delicate pellet of cotton, will sometimes instantaneously cure this form of tooth-ache. Arsenical applications are not unfrequently employed, but unless the practitioner is very conversant with the physiological change that occurs in the fangs of these teeth he had better not use it; if, however, he feels prepared to use escharotics, he can prepare no formula better than the following:

℞.—Acidum arsenicum,
Morphiæ sulph. āā gr. x.
Creosote, q. s., to make a thick paste.

This is the paste so universally employed by the better class of dentists for destroying the pulps of adult teeth. To apply it, take a piece not larger than a pin's head, and dropping it lightly into the cavity, cover loosely with cotton; the cavity is washed out with warm water after ten or twenty hours. I would not leave it in a deciduous tooth over ten hours; and if absorption of the fang had advanced to any

* Prof. Gross, and Mr. Tomes, also, in his last book, denies this position; why, I know not; with the greatest possible respect for both of these gentlemen, it is my experience that they are wrong.

extent, even one might be too long. Employ it fearlessly in the adult mouth, only remembering you deal with arsenic, but with the child be careful. Equal parts of tinct. of iodine and Monsel's solution of the perchloride of iron is also an admirable application. I have stopped a raging odontalgia instantaneously with this combination. Give the mother a prescription for this last or the first formula, but do not pull out the teeth.

The central incisors of the deciduous should last until the seventh year; the laterals until the eighth; the first deciduous molar until the ninth year; the second deciduous molar until the tenth; the deciduous cuspid until the eleventh; and let it be remembered that the most posterior molar teeth that are in the mouth at the sixth year are the first permanent molars, and these teeth get their place in the gum, without displacing any of the deciduous.

For an account of some of these secondary lesions, together with treatment, see a future page.

Anomaly 3d. This anomaly is remarked by examination of the classes of teeth erupted. Teeth all erupt in pairs, so that one is not likely to be deceived. The anomaly is not unfrequently the result of interference with the development of the germ of the permanent through non-absorption of the root or roots of the deciduous teeth.

Example.—A deciduous central incisor erupts—as the rule—about the seventh month, and is succeeded by the permanent at the seventh year. Now the physiological relation existing between the two teeth is as follows:—At the time when the deciduous has attained its fullest development the germ of the permanent is at its apex. Retrograde metamorphosis now commences in the fang of the deciduous, while, in an inverse ratio, the development of the permanent advances.* Now, it sometimes happens, that a process is set up for the taking away of these deciduous fangs, and, as a consequence, the permanent are compelled to make alveoli for themselves; this they generally do by emerging posterior to the deciduous, but, as can readily be imagined, odontocele is not unfrequently a result.

Note.—Sometimes, long after the period at which the second dentition is usually completed, the incisors, as would seem to be natural, may be remarked, each occupying its respective alveolus. Yet here we may have odontocele. One of the incisors that we see is a milk tooth. This anomaly could, however, deceive only the very superficial observer, the difference in the classes of teeth being sufficiently marked.

Because of this non-absorption of deciduous fangs, arrest in the development of the permanent sometimes occurs. It is really quite a nice point in practice to give advice in such cases; for, if you advise the extraction and no tooth comes to replace the one lost, you will be sure to get a good deal more censure than you could possibly deem yourself deserving.

There are a number of conditions to take into the consideration of such a case—the most prominent one of which is, the existence or non-existence of the anomaly in a hereditary point of view. I am acquainted with a family in this city, where continued integrity on the part of certain front teeth, conjoined with the non-appearance of the permanent, has been a striking peculiarity as far back as the ancestors can be remembered. Ability to advise, in such cases, can only be gained by a careful study of the laws of dentition.

Surgical Relations.—In an examination of any obscure tumor of the maxillary bones examine the dental arch; if any deciduous tooth occupy the place of a permanent, the existence of odontocele may be reasonably inferred.

Anomaly 4th. Supernumerary Teeth.—These teeth differ from all others in being doubly conoidal; this is the rule. It is, however, to be remembered that we meet with exceptions. Harris mentions having seen them so resembling the natural teeth as "to make it impossible to distinguish which should be called the supernumerary;" as for myself I have never met with such decided exceptions.

An encysted condition of these teeth obscures and, perhaps, makes impossible, a recognition of their existence. In diagnosing diseases of the mouth, we must bear in mind that we have such odontoceles. The study of their evolution is very interesting, but, of course, concerns the physiological rather than the surgical author. We may remark, however, that they are not necessarily a dermotic production, and the appearance of them in the mouth is as unaccountable as their association with ovarian and other remote tumors.

Surgical Relations.—With the exception of their relation to tumors, we have only to deal

*For a new and beautiful physiological explanation of this mooted process, see views of Prof. J. H. M'Quillen, in the Dental Cosmos, vol. 1, 1860.

with them as they so strangely present themselves in the mouth. Let me give an example of such practice. A patient presents himself and tells you that there is a piece of bone working out through his mouth ; and, truly, an examination will seem to verify his assertion. But there is one point which, if observed, will never mislead. Necrosis is always preceded by and is associated with inflammation. The eruption of a supernumerary tooth is very gradual, and, so far as my experience goes, is never associated with inflammation. To extract such teeth, wait until they have emerged to the base of the cone ; or, if such waiting does not seem desirable, carefully force sharp-pointed forceps through the bone until you may be able to grasp this cone, and with a rotary motion you may easily pull them away. Their alveoli need no attention.

Anomaly 5th. Third Dentitions.—I would not be understood as referring here to that extra development sometimes occurring in young adult life, and yet the mention of the existence of such an anomaly is, perhaps, desirable. Thus Columbus (see Dr. Jacob's lectures on Infantile Pathology) reports that one of his children had three sets of teeth. Valerius Maximus and Pliny relate similar facts. A son of Mithridates is said to have had two, and Hercules three. I myself have seldom seen this anomaly, and incline to think that its existence, in these modern times, is not co-extensive with Dr. Jacob's ancient period. I have certainly had quite five hundred persons tell me that such and such tooth or teeth were the third of the class, but examination, in almost every individual case, has satisfied me they were mistaken ; this anomaly has, however, little or no surgical signification.

Third dentitions, as here referred to, are those which are associated with advanced age. The student will recognize their physiology when I classify them with second sight, etc. The lesions of this anomaly are what might be termed associative. That is, we are occasionally so deceived by them as to be led falsely to interpret engorgements, congestions, etc.

A single case will illustrate the anomaly :— An individual, aged sixty-five, applied to Dr. Harris, suffering with pain in the gums and jaws. No local lesion was at all discoverable. A tentative treatment was resorted to. The apparent disease went on, however, entirely uninfluenced by the exprimental medication, until, at last, it attained an intensity positively excruciating. In twenty-one days the mystery was explained by the eruption of a third set of teeth.

Anomaly 6th. Association of the odonto-periosteum with the membranes of the antrum of Highmore.

It will be remembered that the most easy entrance to the maxillary sinus is through the palatine fang either of the second or first molar tooth. It is indeed, as I well know from experience, a very common thing to find the roots of these teeth perforating the cavity. Remembering this association of parts, it will be seen that many conditions, which may have been deemed obscure, are thus made very plain. Dr. Harris, who was a close observer in diseases of the mouth, went so far as to say that two cases, mentioned by Bell and Bordenave, were the only authenticated exceptions where abscess had formed in this cavity at any other point than that at which it had been penetrated by the root of a tooth.

A case mentioned in Braithwaite, from the practice of a Mr. Louis Oxley, of London, illustrates most happily the relations of this lesion : "A young woman, of rather strumous habits, complained of a dull aching pain under the orbit. The pain lasted from three to four months, attended by a gradual elevation of the orbital surface of the maxillary. The eye above this surface became at length so affected as entirely to loose its functions. At this stage of the case the young woman was directed to use leeches and blisters behind the ears, and to employ drastic purges. After three months' blindness, the patient first perceived a discharge, from the right nasal fossa, of a thick purulent fluid. This discharge had existed, he says, eighteen months, when he first saw the case. An examination of the mouth at once revealed the cause of so much misery, and the removal of three roots, in a state of periostitis, was the simple means by which two most important organs regained their proper functions.

The nasal opening of the maxillary sinus, it is known, is, in a healthy condition, almost closed by the duplicatures of membrane lining the turbinated bones ; congestion of this membrane not unfrequently closes it entirely. Thus secretions accumulate, giving alarming and threatening disfigurements to the face. The weakest points in the osseous boundaries of this cavity are, the floor of the orbit, the hard palate, the tuberosity of the bone, and the canine fossa. Any accumulation would

necessarily be most apt to vent itself at one of these four points, unless atresia of the duplicated membrane, alluded to, should occur, and which does not commonly occur.

Note.—My own experience regarding abscess of the antrum is, that in the great majority of cases the pus seeks to vent itself through the floor of the cavity. After the inflammatory action has passed to the suppurative stage, you will notice a swelling in the roof of the mouth at the side of the mesial line, corresponding to the diseased cavity: this is the abscess pointing, and, if left to itself, will be sure to make an ugly opening. Such a result will be found particularly undesirable if there should be any specific virus lingering in the system. But wherever this abscess should tend to point, it is of course desirable to abort it.

If the assertion of Harris is true concerning the almost invariable dental origin of this abscess, (and certainly my own experience—so far as it goes—confirms him; for, while I have seen several cases of this kind, I have yet to meet with one where the treatment indicated was not of a surgico-dental character,) we turn naturally to the alveolar arch, seeking there the source of offence and defence. For a single moment, then, let me direct attention to a few dental lesions of the most practical moment, and without the ability to recognize which, the practitioner will assuredly find himself at sea.

Because, when you turn to this dental arch, you find it entirely clear of teeth, and healthy-looking, you are not hastily to conclude that the primary lesion is not in such direction. You are to remember that fangs of teeth are not unfrequently broken off in an attempted extraction, and that when so broken, particularly, deep in the socket, the dentist is not unapt to leave such pieces alone. Now it is easy to understand that a fang so situated may be the source of extensive disease, and yet the gum over it be without break in its continuity, and perfectly healthy-looking. The relation, in such a case, of the fang is with the antrum—it need necessarily have no external sinus. Make, here, an explorative incision along the gum down to the bone. If, happily, you come to a cavity, you will have hit on the origin of the trouble; but if you find nothing, you have made only a simple incised wound, which, left to itself, will generally heal in a few hours.

Again, because the part may have its usual complement of teeth, and each tooth should seem perfectly healthy, you are not to turn hastily away. There may be in one of these teeth a dead pulp. To satisfy yourself on this point, take up a delicate steel instrument, and strike with it each tooth separately, directing your patient to note any difference in the sensations; if he should start when you strike a particular tooth, my veracity for it, you have found the primary lesion. But still again, the lesion may be here, and yet the patient not express the anticipated pain. Take, now, a hand mirror, and place your patient full in the sun-light, reflect the rays over the teeth—if there is a dead tooth, you will remark an opacity in it not belonging to its neighbors: this is the tooth; extract it.

If a tooth has a plug of metal in it, take the filling out—the cavity will, not unlikely, be found to communicate with the pulp chamber.

If, now, for a few moments, we study periodontitis, the student will be prepared to make the most out of the cases which I shall proceed to present, and with which it is my intention to close the present paper.

Periodontitis means inflammation of the periosteum which surrounds the fang of the tooth. Its causes are manifold: scurvy, syphilis, ptyalism, a dead pulp, direct injury to the part. It is sometimes an idiopathic affection—stomatitis from any cause may provoke it, simply by continuity of structure; it is very common after the dentist has destroyed the pulp of a tooth and filled the fangs with gold or other metal. A common cause, as remarked, is an overcrowded condition of the alveolar arch.

Periodontitis commences with a dull, heavy, gnawing pain: this is the state of simple vascular excitement in the part. As the grade of inflammation advances, the pain increases with it, the tooth seems to project beyond its fellows, and really does; veclusion of the jaws gives agonizing pain; finally, if not arrested, the action goes on to the suppurative condition, giving us alveolar abscess. Now, it is to be borne in mind that gum-boil is alveolar abscess, and this is the way in which the pus formed commonly vents itself; but, from the case hereafter mentioned, it will be seen that so simple a thing as alveolar abscess seems to be, it may utterly confound and deceive even very experienced men.

Alveolar abscesses almost invariably run into a chronic condition. When discharging on the gums, it will run through the features of gum-boil once a week, or once a month, for years; it will discharge from a single drop to a

spoonful of pus per day; will be one day apparently well, and the next in full discharge. The excruciating pain, referred to, pertains almost exclusively to the original inflammatory attack, although the tooth continues more or less sore until a complete cure is effected. The inflamed periosteum of one tooth will not unfrequently so affect surrounding parts, that a patient cannot possibly locate the seat of pain. (See cases of trismus.)

Diagnosis and Treatment.—The affected tooth will always respond to a stroke from a steel instrument, whether the attack is of the acute or chronic form. No such response is made in any other form of odontalgia.

A periosteal inflammation may, in nine out of twelve cases, be aborted as follows: Pass a lancet several times through the gums, down to the alveolus; let the patient hold water in the mouth so as to prevent the formation of clot, and provoke free bleeding. As soon as the vessels and capillaries have disgorged themselves, paint the parts heavily with tinct. of iodine, the officinal strength. The philosophy of this treatment is sufficiently evident not to need explanation.

Chronic periosteal inflammation is most certainly cured by extracting the offending tooth; when this, however, seems undesirable, inject through the sinus, which passes from the gum into the cyst, at the root of the tooth, also, the tinct. of iodine; do this for three or four days, and then force through the sinus a tent of cotton. Leave the tent to nature; its ejection will most generally be found to be the result of the healthy granulation, which will have obliterated the cyst.

(*To be continued.*)

Resection Radius for Un-united Fracture of the Radius.

By John Foote, M.D.,

Of Archbald, Pennsylvania.

Last spring, John Crouse, of Jessup, while working in the mines of Oliphant, had the bones of the fore-arm fractured by a shot. I saw him, for the first time, on the sixth day after the accident. He was in bed, the arm parallel to his body by his side, dressed by a quack in an indescribable manner. Both the posterior and anterior aspect of the middle third of the fore-arm was lacerated and contused; shreds of tendons protruded, and the lips of the wound were puffed up and turned outward. With the forceps I took out several pieces of coal; the radius was fractured transversely, and half an inch of the ulna was broken off, so that the ends could not be brought together. I dissected out the pieces of tendon, and the injured part, which would have sloughed off, and dressed it properly. The wounds healed in four weeks, but there was no bony union. Last summer, my brother, Dr. Foote, of Carbondale, made a subcutanous incision in front of the fracture, with a small tenotome, and cut away the cartilage between the ends of the bones; splints and bandages were applied to keep the bones in place, but the patient, being of a restless disposition, did not allow them to remain on long enough to give it a fair trial. The weight of the hand bent the arm so that the ends of the ulna would nearly meet; the arm was of little use to him.

On the 26th of December, of last year, I excised a portion of the radius in the following manner:—The patient was laid on a table and inhaled a mixture of ether and chloroform, when he was well under its influence, I made an incision, four inches in length, by the superior and anterior edge of the supinator longus muscle, and laid the radius bare for about two and a half inches, and bent the arm to nearly a right angle, to cause the fractured parts of the bones to protrude. While two assistants held the arm, I opened the wound with the fore-finger and thumb of the left hand, to save the muscles from being lacerated by the saw. It would be impossible to put a small splint under the bones, as recommended by surgical writers, as the bones, at the seat of fracture, were twice the normal size. I excised the false articulation in a wedge shape, five-eighths of an inch above and one-half an inch below. When the arm was straightened, the ends of the ulna were in contact as well as the radius, and in five weeks the union of both bones were perfect, and the arm straight. The wound healed by suppurating freely. He had a slight fever for the first week. In thirteen days from the operation he walked from Jessup to my office, and back again, a distance of four miles, to have the arm dressed, and continued to do so, three times a week, till it was well.

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A Twin Monstrosity has lately been brought forth at Versailles, France. They are united, as the Siamese Twins, but the point of union is the occiput, both heads being fused into one. They were both females, and at the time when seen by Baron Larrey, who reports the case, they were alive and well.

Medical Societies.

BROOKLYN MEDICAL AND SURGICAL INSTITUTE.

Clinic of Drs. Louis Bauer and E. A. Whaley.

[Reported by A. J. Willets, M.D.]

LITHOTOMY.

In August, 1860, Edward O'Connor, a lad, fourteen years of age, was presented at the clinic of this institute for some trouble in his urinary apparatus. It seems that four years ago a swelling appeared over the region of the bladder, accompanied with difficult and painful micturition. These symptoms were controlled for a time by a warm bath. Soon after, the same difficulty reappeared, and a phymosis, now for the first time noticed, was relieved by the knife. Since then, during micturition, and immediately afterward, there has been much pain at the end of the penis. Considerable constitutional irritation has been produced thereby.

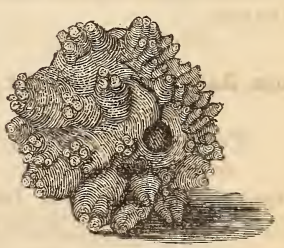
A sound introduced into the bladder revealed the existence of a calculus. The peculiar click, caused by striking the instrument against the stone, induced Dr. Whaley, in whose service the case occurred, to regard it as one of the oxalate variety. The patient being willing to undergo an operation, it was deemed expedient to proceed at once to extraction.

While the boy was being put under chloroform, Dr. Whaley proceeded to remark that there were three different methods in which we could enter the bladder, for the purpose of removing a calculus. 1st, the high operation, above the symphysis pubis; 2d, the low operation, comprising lateral and bi-lateral section; and, 3d, the posterior or rectal. The first should be resorted to in children only, in whom the anterior wall of the bladder occupies a position immediately above the symphisis pubis, and behind the abdominal parietes. In such subjects, the high operation offers great and practical advantages. In our patient, and in adults, the bladder retires into the smaller pelvic cavity, and is difficult of access, rendering the danger of wounding the peritoneum and of urinary infiltration so great, that this method ought to be excluded.

The recto-vesical operation, in its present improved form, as suggested and executed by my colleague, Dr. Bauer, is, decidedly, the most direct and the easiest, and will, undoubtedly, be the most successful in practicable cases. Having assisted that gentleman in the performance of the recto-vesical section, we do not hesitate to express our conviction that its easy accomplishment, its painlessness, the ease with which the stone can be extracted, and the absence of danger from urinary infiltration, all combine to render it vastly superior to any other method. Unfortunately, Dr. Bauer's operation is impracticable in subjects at and below the age of puberty, on account of the danger of wounding the recto-vesical fold of the peritoneum, which, in boys, sometimes descends so low as to reach the prostate gland. In the museum of this institute are carefully-prepared casts of the parts involved, taken upon the cadaver after the bladder and cavity of the abdomen have been filled with plaster. By these casts it can be clearly shown that the recto-vesical fold descends within one inch and one-half of the posterior margin of the prostate, leaving the triangular space entirely free, whilst it requires a wound of only one-half an inch in length to extract a large stone. In this connection it is also in place to mention that the peritoneum in the negro goes lower down than in the white race.

The high and rectal being both necessarily excluded in our case, we feel justified in resorting to one of the low operations. As results show, it makes but little difference how we divide the perineum, whereas it is of importance to gain as much space as possible to extract the stone. We prefer, in this instance, to make the bi-lateral incision.

The operation was performed by the doctor in the usual manner. Cutting carefully down upon the staff which had been introduced, he passed into the bladder with the ordinary bi-sector. By means of the forceps the stone was removed with the greatest difficulty, because of the great resistance of tissue through which it had to be dragged. It was some time before it could be extracted, notwithstanding extraordinary force was used. The calculus is about an inch and two-fifths in diameter, and exceedingly rough, being composed of the oxalate of lime. After extraction, a flexible catheter was



inserted through the wound into the bladder, and fastened in position by means of a T bandage. The urine being acid, the bi-carbonate of potassa was administered with opium. For nourishment, the patient was allowed milk and water only. On the succeeding day a considerable quantity of muco-purulent matter was discharged from the wound. The urine came through the tube, which, after forty-eight hours, was removed. The boy gradually improved, and on the ninth day passed his water through

the urethra, and on the fourteenth day was discharged cured.

POST-UTERINE HEMATOCELE.

The patient, aged about thirty years, was the mother of two children. She has had two miscarriages, in the last of which, a two months' fœtus was discharged, being confined to her room for four days. One week after the miscarriage, whilst washing, she experienced severe pains, resembling those of labor, and some blood was discharged from the vagina. Anodynes were given, but failed to give relief. On the next day, Dr. Whaley, in making an examination, noticed a fullness and tenderness of the posterior vaginal wall, as in metro-peritonitis. Opium and mercury subdued somewhat the inflammatory symptoms, but the fullness still increased. A few days subsequently, the swelling exhibited the firmness and hardness of a fibrous tumor. The pelvic viscera were pushed out of place; the os uteri indurated, and the rectum was crowded back into the hollow of the sacrum. These symptoms were gradually developing themselves, yet no sign of suppuration appeared. On the tenth day, Dr. Bauer was called in consultation, when it was decided to puncture the tumor. A trochar was used for this purpose, and the instrument, after entering the mass, could be freely moved in all directions. Following the operation there was a discharge of dark, grumous blood, and much coagulum. The canula was left in the wound two weeks, in order to aid the exit of fluids. The womb and neighboring organs gradually resumed their natural position.

Post-uterine hematocele is said to occur sometimes at the menstrual period. According to experience in the Paris hospitals, coition has been known to produce it. Its origin has also been assigned to certain diseased conditions of the broad ligaments.

EDITORIAL DEPARTMENT.

PERISCOPE.

OSTEOGENIC POWER OF THE PERIOSTEUM—CONSERVATIVE SURGERY.

The Paris correspondent of the London *Lancet* gives the following interesting practical application of the osteogenic power of the periosteum in surgery. It will be observed in our News Department that a large premium is offered in Paris for the best essay on this important subject.

"M. Maisonneuve, one of the surgeons of La Pitié, laid before the Academy of Sciences, at its last meeting, the notes of a case in which the advocates of conservative surgery cannot fail to be much interested. A young man, in the month of August, 1855, consulted this practitioner in consequence of an extensive necrosis of the tibia of the right leg. The limb presented a deplorable aspect, its volume being triple that of the natural size, and the surface of the skin being furrowed by deep ulcers, through which the mortification of the whole bone during its entire length could be perceived. The disease had commenced after a fall, which occurred two years previously, and the excessive suppuration had occasioned constitutional disturbance of a nature so serious as to threaten life. The most eminent surgical authorities of Paris, and M. Velpeau amongst them, had declared that amputation of the thigh could alone save life, and that any idea of preserving the limb was, to say the least, Utopian. In spite of such imposing authority, and confident in the regenerating powers of the periosteum, so positively demonstrated by M. Flourens, M. Maisonneuve determined on attempting the sub-periosteal resection of the entire tibia, an operation to which the patient readily consented, and which was accordingly performed on the 24th of August, 1855. Chloroform having been administered, an incision fourteen inches in length was made down the front of the leg, the periosteum was divided, the bone laid bare, entirely shelled out from its fibrous envelope, and so removed *in toto*. With the exception of the two articular surfaces, the osseous shaft was found to be diseased throughout its whole length. The wound healed kindly, and by the fortieth day after the operation the patient was able to walk with the aid of crutches, as in a case of simple fracture; and so complete has been the subsequent regeneration of the tibia, that at the present time the limb differs in no respect from its fellow, with which it has kept pace in growth as to strength, length, and bulk; and the only trace which remains of the terrible operation, to which the patient is indebted for the possession of his leg, is the long cicatrix with which its anterior surface is indelibly scored. The extirpated tibia, exhibited to the Academy by M. Maisonneuve measures in length twelve inches and a half; in breadth, at its upper part, an inch and a quarter—at its lower extremity one inch. The committee appointed to report on this remarkable case includes MM. Flourens, Milne-Edwards, Velpeau, Cloquet, Jobert de Lamballe, Claude Bernard, and Longet; and their report is awaited with the greatest impatience.

THE SPREAD OF SMALL-POX.

For several years past there has been a considerable increase of mortality in various parts of our country, particularly in our large cities, from small-pox. This arises from *the neglect of vaccination*, and calls for the adoption of effective measures to put a stop to an outlet of

human life over which we have absolute control. In 1859 and '60 no less than 303 persons died of small-pox in Boston, while in this city and in New York the number was very large.

In the city of Providence, whose health department is very efficiently organized under the superintendence of Dr. E. M. Snow, this disease has been almost eradicated. In a recent report on small-pox, Dr. Snow says:

"Since the establishment of the office of Superintendent of Health, the means employed in this city to prevent small-pox have been as follows:

"1. Free vaccination of all who desire it, at stated hours every week, throughout the year.

"2. The requirements of a certificate of successful vaccination before any child can enter the public schools.

"3. The immediate visitation by the Superintendent of Health of every case of small-pox or varioloid that appears in the city. At this visit, printed and verbal directions are given in relation to measures to prevent contagion; provision is made for the vaccination or re-vaccination of all who have been exposed; and, when it seems necessary, the sick persons removed to the hospital. In most cases, however, they are allowed to remain at their homes.

"4. Frequent appeals to the people, by handbills, advertisements, and other means, to attend to the vaccination of themselves and their children.

"Such are the means that have been used to prevent small-pox in this city; and their success is seen in the fact that, during nearly three years previous to January last, (1859,) there was not a single death from that disease in the city.

"During that period, however, there were, at least, seven cases of small-pox or varioloid in the city, which came from other places. Had no measures been taken to prevent contagion, each of these cases might have been, and probably would have been, the origin of many other cases of the disease. They were, however, promptly reported and immediately visited; and the measures taken were so successful that not in a single instance was the disease communicated to other persons."

THE TOXIC ACTION OF CHLOROFORM.

Dr. Sansom appends to a paper on the action of chloroform, read before the Royal Medical and Chirurgical Society of London, the following conclusions:

1. That chloroform-narcotism is due to the imperfect stimulus to the vital functions of a mal-oxygenated blood. 2. That this mal-oxygenation is due to the direct influence of the vapor of chloroform upon the blood, and especially upon the blood-corpuscles. 3. That the vapor acts caustically on the cell-walls of the blood-corpuscles, and thus impedes the endosmosis of oxygen. 4. That if the blood be so deteriorated as to supply an insufficient stimulus to the heart, death is by syncope; whilst, if stasis be primarily effected in the lungs, death is by apnea.

GLYCERINE OINTMENT.

The following, from Græfe's Archives, we find in the London *Ophthalmic Hospital Reports:*

"Dr. Simon has at length succeeded in combining glycerine with amylon, in the form of an ointment. The glycerine, which should be very pure, is to be heated to 70° of Réaumur, and the starch granules be then allowed to swell up in it. The proportion is five parts of glycerine to one of starch.

"The advantages of this ointment over one of a greasy nature are, that it is soluble in water, always retains the same consistence in any temperature, and that it does not become rancid. Its decomposition shows itself only by the formation of a thin layer on the surface of the ointment; and if this layer is mixed up with the rest of the ointment, by means of a probe or small spatula, we may continue its use without any detrimental effect.

"Von Græfe has tried it extensively, and prefers it in many cases to any other vehicle. In phlyctenular conjunctivitis and its derivatives, for which the red precipitate of mercury is so excellent a remedy, he has found great advantages in combining this with the glycerine ointment; for it is readily dissolved by the watery secretions of the conjunctiva, which is not the case with fatty ointments, and its consistence is such, that it is easily and equally disseminated. But on these accounts a red precipitate ointment, made up with glycerine, is relatively stronger than one made up with fat. Consequently, an ointment of two grains of red precipitate to one drachm of glycerine, would be equivalent to three to four grains of red precipitate made up with a drachm of adeps.

"He has found it advantageous also in those cases in which there is a tendency to conjunctival swelling or granulations, for here the conjunctiva bears it far better than a fatty constituent. Besides which, there is the manifest advantage that the nitrate of silver, sulphate of copper, or acetate of lead (or any substance which the exigencies of the case may require,) are really held in a state of solution in this ointment.

"We can also combine atropine with this vehicle, and Von Græfe considers this of importance, from the fact, that he suspects atropine to be but too often the carrier of contagion in hospital out-patient practice. How often is not the atropine brush used indiscriminately for all kinds of cases, contagious or non-contagious? He prefers, however, fatty ointments in cases of seborrhœa palpebralis or blepharo-adenitis in combination with nitrate of silver or acetate of lead; for in these cases the fat is particularly useful in dissolving the crusts formed on the edges of the lids."

ON THE USE OF WARM OR LUKE-WARM FOMENTATIONS IN CERTAIN OPHTHALMIÆ.

Von Græfe reaches the following conclusions on the above subject. We quote from the London *Ophthalmic Hospital Reports:*

"To sum up. '*The methodical application of warm fomentations assists materially in bringing about the desired demarkation in all the non-irritative purulent infiltrations of the cornea, which shows a tendency to spread circumferentially.*'

"Warm fomentations are most serviceable in those cases in which, after an accident or an operation, a circumscribed corneal infiltration shows itself, where very violent pain does not yield to one or two applications of leeches, where the customary cold applications either do not alleviate at all or only temporarily, and where finally a circumscribed portion in the infiltration becomes yellowishly discolored. After the fomentations have been applied for twelve to twenty-four hours, there will generally be a diminution in the irritation, and the process on the cornea begin to be circumscribed; when the desired effect has been attained, we must cease their application.

"In those cases of malignant ulcers of the cornea, in which there is but little tendency to formation of pus, but a tendency to progressive destruction of the cornea, not only in depth but in circumference.

"In the diffuse suppurations of the cornea, which sometimes unfortunately threaten or occur after extraction, Von Græfe has found them here of great advantage, particularly in old decrepid people, in whom, after passing eighteen to twenty-four hours without the slightest pain, we notice much swelling of the upper lid and a too great conjunctival secretion. If these symptoms are not due to an inaccurate adaptation of the corneal flap, (for which compresses are the best remedy,) he applies warm fomentations periodically, and paints tincture of iodine on the lids.

"But although we cannot expect much good even from their application, when there is a plentiful thin secretion from the conjunctiva, serous chemosis, yellow hue of the whole of the cornea, and a more or less circumscribed abscess, we yet find that they will limit these processes to the anterior portion of the eye-ball, and thus spare the patient the frightful sufferings of panophthalmitis.

"They are also useful in any obstinate cases of granulations, with or without pannus, for it is a well-known fact that, under these circumstances, a certain amount of conjunctival swelling is very propitious. Von Græfe thinks that the spontaneous curability of acute granulations (which often require but little, if any, therapeutic aid) depends on this. Whereas, on the other hand, we find that the less conjunctival hyperæmia there is, particularly during the stage of development, the more do the granulations develope themselves and attain the type of the so-called trachom granules. It has been lately shown, particularly in Belgium, that the development of a diffuse hyperæmia of the conjunctiva brought about by inoculation not only exerts a most beneficial influence upon secondary pannus, but also upon the acute granulations. The curative effect of the periodical application of sulphate of copper is similar in nature. And the same is the case with warm fomentations, which remedy links itself on to the treatment by inoculation, and although it cannot supplant this remedy in all cases, it yet has the great advantage of being free from any danger. This is of the more importance in Berlin, where, owing most likely to the climate, diphtheritic inflammation often supervenes on the inoculation of blenorrhœa.

"Finally, having observed that patients suffering from the very obstinate diffuse non-vascular form of keratitis, have been surprisingly quickly cured if they, perchance, have been infected with conjunctivitis, Von Græfe has tried the warm fomentations in some of the cases with good effect. At present, however, his observations have been too few to warrant any very decisive opinion on their efficacy."

CONTRIBUTION TO THE TREATMENT OF CHRONIC KERATITIS.

We often see inflammations of the cornea (which appeared originally as circumscribed non-vascular infiltrations, or as vascular, fasciculariform inflammations of the cornea) progress favorably up to a certain stage, when their cure is indefinitely retarded by the reappearance of inflammatory swelling in the formerly diseased portions of the cornea.

This may be due merely to exposure to deleterious external influences, to the pressure or movements of the lids, (the latter cause often impedes the formation of a firm layer of epithelium,) or to the recurrent formations of phlyctenulæ on the ocular conjunctiva, or at the edge of the cornea. The best treatment for the latter complication is the strewing-in of finely-powdered calomel, or the application of red precipitate ointment.

But Von Græfe has found that there is still another and very frequent cause of this recurrence, viz: the inflammatory swelling of a portion of the palpebral conjunctiva. On everting the upper lid in such cases, we find the tarsal portion of the lid but slightly injected; if we, however, cause still greater eversion we see that the conjunctiva between the upper tarsal edge and the cul de sac (uebergangsfalte) is very much swollen, and this is the point from which the conjunctival complication emanates.

Von Græfe cauterizes this swollen portion of the conjunctiva with a piece of diluted nitrate of silver, (after its application we should neutralize it with salt and water,) avoiding, however, the tarsal portion of the lid, as this only causes

unnecessary irritation. This cauterization acts most beneficially upon the corneal lesions, curing them in a very short time. (It is sometimes necessary to scarify the lids after the cauterization.)

This complication is not unfrequently met with in scrofulous children, who, suffering from fasiculariform keratitis, or chronic vascular corneal infiltrations, have been confined to the room for a length of time.—*Ibid.*

A NEW SALT OF IRON AND QUININE.

Dr. Walter Fergus, in a letter to the *Medical Times and Gazette*, proposes a new and, it would seem, a very useful combination of iron and quinine. He says:

"It is generally found that a salt of the protoxide of iron is preferable to one of a higher degree of oxygenation: but it is also difficult to obtain an absolutely permanent salt of the protoxide. Perhaps, without exception, the sulphate is the most practically useful of all the salts of iron, owing to the uniformity of its composition. Of the quinine salts, the sulphate is also the most available for general purposes. It is not difficult to form a simple combination of these two sulphates, but the resulting compound is not well fitted for general use. The addition, however, of a certain proportion of sulphate of magnesia, enables us to obtain a salt which is nearly as soluble as the sulphate of magnesia itself—quite unalterable in the solid state, and forming a solution perfectly clear at first, and remaining so for an indefinite period. The iron has no tendency to a further state of oxygenation; the solution has been agitated with oxygen gas, and kept in contact with it for several days, without the least change. A solution of gallic acid tinges a solution of the salt of a light bluish color, after the lapse of two or three days, and many substances which produce an inky compound with the salts of iron may be mixed with it without causing any change of color.

"The proportion of the three sulphates which has been adopted, is 80 per cent. of sulphate of magnesia, 15 per cent. of sulphate of iron, and 5 per cent. of sulphate of quinine, one scruple containing 16, 3, and 1, grains of the respective salts. These proportions have been found the best for general use, and also for the purpose of manufacture. The proportion of quinine may be increased by prescribing an additional quantity, which is readily soluble in the solution of the salt.

"One peculiarity is especially deserving of notice; namely, that in this combination, the assisting or adjuvant property of both iron and quinine are remarkably developed, the effect of both, particularly of quinine, being heightened in a very marked manner. At the same time, both of the remedies are less apt to disagree with peculiar constitutions which ordinarily refuse to tolerate either iron or quinine. If the heightened power be borne in mind in prescribing this combination, there will be very few cases found in which it will not be suitable whenever either iron or quinine are indicated."

NEW OPERATION FOR THE RELIEF OF HERNIA.

Mr. John Niven, of Edinburgh, proposes (*Lancet*, March 16,) the following operation for the relief of hernia:

"An incision is to be made in a vertical direction, about an inch or an inch and a half above the neck of the sac, dividing the skin of the abdomen, and gradually diminishing in extent till the peritoneum is reached. The peritoneum is then to be opened to the extent of admitting a blunt hook, or, what is perhaps better, a fine-curved pair of forceps, with which the neck of the protruded intestine is to be grasped, and gently drawn upwards, whilst the taxis is applied from the outside to assist. The wound is then to be closed with a harelip pin or a wire suture.

"Should this proceeding fail from any cause to effect reduction, it is open to the surgeon either to enlarge the wound, so as to admit the finger and to divide the stricture from the inside, or to perform the usual operation.

"The advantages of this operation are the small extent of the incision into the peritoneal cavity, and that in a sound place; and the avoidance of the exposure of the protruded bowel to the fingering required in the usual method. In fact, the danger would not be greater than the operation of paracentesis."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 11, 1861.

An army is now being organized in the northern part of the United States, which is believed to be but the van of a colossal military force which will soon follow. In the South a large army has been for some months in the field. We cannot, in even a purely medical view, remain uninterested spectators of these moving masses of humanity. The troops which are gathering within the limits of our own observation, are composed of young, vigorous, healthy men. They contain persons from all classes of society, and the competition for places in the ranks has given opportunity for selecting men of the best physical ability.

It might be supposed that such a class of men, apart from the contingency of wounds received in battle, would have but little need of medical services. At their homes, and pur-

suing their usual avocations, probably they would not; but the experience of armies, in this respect, differs sadly from the course of civil life. From the outset, armies are exposed to varied morbific influences, and this is particularly the case with newly-recruited troops, who are not inured to hardships and changes of climate, nor yet made wise enough by dear-bought experience to take care of health.

Among the first disordering influences on the system will be changes of habit, diet, apparel, occupation, etc. These changes, if the transition be great, or the individual susceptible, may at once produce disease.

The toil of marching and bearing arms and accoutrements, or work on fortifications or in trenches, will produce fatigue and exhaustion in the novice, and, as a depressing cause, produce disease.

Repose may be interfered with by onerous duties, and sleep prevented by want of the accustomed retirement and comforts. The energies are thus prevented from being recruited, and the nervous system is exhausted.

The ordinary diet or ration of the soldier is often repulsive to the æsthetic stomach of many a recruit, or too indigestible from its quality, and its monotony may cause scorbutic disease. The habitual hours for eating may not be convenient, and food may be, at times, scanty or badly prepared. The great function of nutrition is thus impeded at its source.

Sufficiency of clothing cannot always be carried so as to allow it to be changed to suit the variations of temperature, and the soldier is often burdened and sweated under a noonday sun by the same garments in which he endures the moist and chilling air of night.

The changes of location, incident to the eventful life of the soldier, keep him perpetually acclimatizing himself, and expose him to local morbific influences to which he is unaccustomed. Endemic diseases, attributable to the mythical malaria, are the bane of camps.

The habits of dissipation to which soldiers are often addicted, when the means are accessible, are no slight detriment to the physical as well as moral condition of armies.

Crowding of human beings, whether in health or disease, in barracks or in hospitals, produces disorders of an adynamic type. All human exhalation is poison to the human body. A class of diseases, called ochleses, is thus produced.

In the enthusiasm with which the army is now starting, little but the main object to be in the end accomplished will be thought of, and new recruits are known to be exceedingly careless of health. Old soldiers, who have served through many campaigns, are proverbially observant of the means of preserving their health. It has been with the object of calling the attention of the newly-appointed surgeons of regiments to the need of instructing the volunteer soldiery in the care of health that we have alluded to some of the most common causes of disease of newly-formed armies.

If the soldier is at first cautious he usually becomes gradually inured to his occupation, and enjoys health. It is indeed wonderful to how great an extent this physical endurance may reach. The same troops which, under Napoleon I., trod, famished and athirst, the burning sands of the African deserts, triumphed soon after on the frozen fields of Austerlitz and Eylau. On the latter field the snow was three feet deep, and the thermometer much below the freezing point.

Larrey, the great surgeon of the wars of Napoleon I., speaking of the endurance of the soldier, which is accomplished by education to it, says, that for a long time, and during a long march previously to these battles, the soldiers had not been allowed to dry their clothes, which were wet with the snow, and change of garments was impossible, for the baggage of the army had been left behind. Food, too, had been but meagrely distributed, and the roads were rendered difficult for marching by the depth of the snow, and impediments were thrown in the way and the bridges destroyed by the enemy. Yet he asserts that few in the army were sick, and that the soldiers really became robust and vigorous under their great privations and hardships.

The experienced military surgeon alluded to, says, "that the soldier who is accustomed to the use of arms, and animated by the spirit of his profession, if he have attained his complete physical growth, will not become sick under any fatigue or rigor of climate, provided he be not subjected to too long abstinence. The functions of his organs are doubtless more accelerated, but this increase of action is not injurious to his health, if at intervals he is permitted to repose a few hours. His spirits do not flag from such unusual exertions, and his repose is disturbed by no uneasiness of mind."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

In the Reporter of the 6th ult., on page 21, occurs this expression: "Up to within a very recent period, the profession of our country has only had this species of literature (periodical medical literature) in the quarterly, bi-monthly, and monthly forms," etc. In that rather infelicitous expression, we have, without intending to do so, done injustice to the Boston *Medical and Surgical Journal*, which has been published weekly since 1828, and has done good service in the cause of medical science. What we had in mind was rather the recent establishment of a demand on the part of the profession of the country for this form of medical periodical literature, so as to give it a leading place among the medical journals of the day, than to speak of individual enterprises of the kind. We have not the slightest desire or idea of ignoring the existence of the *Journal*, but will always uncover deferentially in the presence of our venerable cotemporary while its needle points unerringly to the polar star of medical science. Long may the *Journal* exhibit life, vigor, and energy in battling with us in the common cause, and may our competition be as to which will serve our profession most efficiently. The *Journal* of Boston, the *Times* of New York, and the Reporter of Philadelphia, are, we trust, destined to effectually aid in working out the problem of elevating the standing of the medical profession of America.

NEWS AND MISCELLANY.

Inspectors of Drugs.—The following memorial from the College of Pharmacy of this city, to the proper authorities at Washington, accords with sentiments on the same subject advanced by us some weeks ago. We trust that the importance of the appointment of none but capable men to this office will commend itself to the government.

"The memorial of the Philadelphia College of Pharmacy, an institution chartered in 1822 by the State of Pennsylvania, for promoting a knowledge of the science and art of Pharmacy, and for directing attention to the quality of articles brought into the drug market, respectfully represents, that owing to the ruinous effect upon the public health of the importation of spurious, adulterated, and deteriorated drugs and medicines, a law was passed by Congress, approved on the 26th of June, 1848, providing for the examination of all articles imported for use in medicine, during their transit through the various custom-houses, with a view to ascertain their purity and genuineness, and directing that when unfit for use such goods should be destroyed or re-shipped.

"This law has had a salutary effect upon the quality of imported drugs and medicines, notwithstanding the obvious difficulties in the way of its proper and efficient execution. The professional requirements of the office of Special Examiner under this law are peculiar, and can only be determined upon by those who are themselves familiar with the difficulties and complexities of the subject, and we would respectfully urge that they should be judged independent of all political considerations by the proper scientific representatives of the professions of medicine and pharmacy in the respective localities.

"Your memorialists, therefore, with an exclusive view to the important public interests involved, respectfully ask that no appointment to the office of Special Examiner of drugs at this port be definitely concluded, without the official approval of this college, or some competent medical body selected for the purpose.

"The President of the College is directed to sign this memorial, to affix the seal, attested by the Secretary and the Corresponding Secretary, and forward it with an appropriate explanatory letter."

There were Thirty-nine Graduates at the session of the College of Pharmacy, of this city, recently closed. The number of matriculants was one hundred and twenty-five.

M. Claude Bernard was recently elected a member of the Academy of Medicine in Paris by a vote of seventy-two out of seventy-nine cast.

Physical Education in Paris.—The correspondent of the *Lancet* writes as follows:

"There exists in Paris, and I may say in France generally, a branch of education which plays an important part in the sanitary discipline of the young, and which I regret to see so much neglected at the present time in England. I allude to the systematic courses of gymnastic training which in French schools are considered as fully indispensable to the welfare of the pupil as is with us the safe passage over the 'Pons Asinorum,' or the initiation into the mysteries of the 'Propria quæ maribus.' During a residence of eleven years in this country, I have been repeatedly struck by the contrast apparent in the carriage and bearing of English children as compared with that of the French natives of a similar age. The former, more favorably and more generously endowed by nature, possessing firmer and fuller muscles, bigger bones, ruddier complexions than the latter, and evincing generally a superiority of physical constitution, on emerging from the chubby rotundity of childhood, and entering that awkward age which precedes puberty, exhibit an ungainliness of figure, and inelegance of gait and movement, from which the French lads, their contemporaries, are for the most part exempt. This immunity on the part of the latter I attribute wholly and entirely to the gradual and methodical culture of the locomotive apparatus, which is here refined into a veritable science. From an early age the muscles of the French child are systematically exercised in a way to promote the harmonious development and action of the entire frame. In England, the training of the child's body is left, in the case of boys, to nature and to the sports of the playground; in that of girls, to the back-board, inclined plane, and the dancing-master. In France the case is very different; there is a class of gymnastics, just as well as of Latin or of history, and the children of both sexes, and of almost every rank of life, are daily drilled through the exercise of the dumb-bell, the club, the trapèze, the rope-ladder, the fire-escape, and so on, as seriously and regularly as if their ultimate destination were to be the spring-board of Franconi, or the saw-dust of the Cirque Impérial. In the quarter in which I live, that of the Champs Elysées, there exists a half dozen or more of colossal glass houses, whose internal arrangement is curious to behold. From a roof, about sixty feet above the deeply saw-dusted floor, hang an intricate combination of ladders, ropes, swings, and poles, of every form, size, and description. Dumb-bells, varying in proportion from a quarter of a pound to a hundred-weight, are seen neatly disposed in one corner. Bars and clubs, ranging from pigmy to giant size, occupy another. Hurdles to be jumped, impossible looking walls to be scaled, see-saws, the very look of which makes one giddy, all form part of the gymnastic property, and all have their use and special place in the graduated series of muscular training. If it happen to be class-time, some scores of little beings, three feet nothing high, are climbing like monkeys up the ropes, racing after one another along the horizontal ladders aloft, coming down *pêle-mêle*, goodness knows how! head-foremost along a pole, without being smashed, or otherwise rendered uncomfortable. A bell suddenly rings, or a drum beats; a 'professor,' clad like an acrobat, advances; a host of small creatures, also equipped like the sons of Professor Risley, apparently hitherto in the clouds, descend like hail-stones into the saw-dust, form in line, dumb-bell in hand, go through their exercise, then run to the clubs, throwing away the first; and so on till the bell rings again, when the little beings disappear into boxes, are rubbed down with wet towels, and return, in ordinary civic garb, some to scud home to dinner, others to get into the carriage of Madame la Marquise, their mamma, who each afternoon comes to fetch away her boys after the 'cours,' for a turn in the Bois de Boulogne; and so on daily. Perfect grace in movement depends less upon the extent of development acquired by the primary contracting muscle than on the intelligent accompaniment and moderate action of its antagonist. The co-ordination of movement is a faculty no doubt as susceptible of cultivation as is any other bodily endowment, and exactitude of muscular harmony, when not specially granted by nature, can only be attained by those exercises which promote the equal and simultaneous development of the two sets of muscles, whose mutual counterpoise is the secret of elegance."

Uses of Tea.—At a recent meeting of the Society of Arts, a paper was read on "The Uses of Tea in the Healthy System," by Dr. E. Smith. The author began by stating the opinions brought forward by Prof. Johnstone and other chemists on this subject—views which were still very generally held. These might be summed up thus: That, by the use of tea, first, the waste of the body is lessened; second, the body is nourished; third, by lessening waste we may lessen supply, and yet the bodily powers shall be duly sustained. He stated his reasons for differing from these statements, and explained the nature of the experiments which he had undertaken in order to ascertain the actual effect produced by tea. If there be an abundance of food in the system, and that especially of the farinaceous or fat kinds, tea is a powerful digestive agent, and, by promoting the transformation of food, it aids in nourishing the body; but with a deficiency of food, in relation to the waste of the tissues by exertion, or the waste of heat by cold or by too profuse evaporation from the skin, it wastes the tissues of the body and lowers the vital powers. He, therefore, considered that it was not suitable as

a partial substitute for food, as was generally supposed, for it increased the waste of the body. It was not suitable for persons of spare habits, or while using exertion; nor was it adapted for men in low temperatures, or where the action of the skin was defective.

Prize Subjects of the Académie des Sciences.—1. *Montyon Prize of Experimental Physiology.*—The Academy will annually adjudge a gold medal of the value of 800 francs to the author of the work which, whether in manuscript or in print, shall be considered to have most contributed to the progress of experimental physiology—the essays or works to be sent in by the 1st of April of each year.

2. *The Montyon Legacy Prizes.*—One or more prizes will be adjudged to the authors of works or discoveries which shall be considered of the greatest utility in the art of healing, and to those who have discovered the means of rendering an art or occupation less insalubrious. As the object of these prizes is expressly new discoveries and inventions for the improvement of medicine and surgery, and diminishing the danger of arts and occupations, a well-defined discovery will alone entitle their authors to them. The exact sum that is to be awarded cannot be specified, as the number of prizes is not limited; but the testator's liberality has left ample funds to reward merit and recompense outlay.

3. *Prize in Medicine*, for 1864, of 5000 francs, "The History of Pellagra."

4. *Prize in Medicine and Surgery*, for 1866, of 5000 francs, "The Application of Electricity to Therapeutics." The competitors will be expected to give an account of the electrical apparatus employed, their mode of application, and their physiological effects. They must also collect and critically examine the various facts which have been published on the application of electricity to the treatment of disease, and especially the treatment of affections of the nervous, muscular, vascular, and lymphatic systems. These are to be verified and completed by additional observations, and the cases specified in which it is desirable to have recourse to the continued and intermittent currents.

5. *The Great Prize in Surgery.*—Numerous physiological facts have proved that the periosteum possesses the faculty of producing bone; and some remarkable surgical cases have shown that very extensive portions of bone may be reproduced by means of periosteum, which has been preserved. The time seems arrived for calling attention to a new and important study, and the Academy proposes the subject—"The Preservation of Limbs by the Preservation of the Periosteum." The Academy allots the sum of 10,000 francs as a mark of the importance it attaches to this subject, and the Emperor having doubled the prize it now stands at 20,000 francs, ($4,000.)

6. *The Alhumbert Prize in the Natural Sciences*, for 1862.—A gold medal of the value of 2,500 francs. "Endeavor by means of well-contrived Experiments to throw new Light on the Question of Spontaneous Generation." The candidates are required especially to examine into the action of temperature and other physical agents, upon the vitality and development of the germs of the lower animals and plants. Any work, manuscript or printed, may be presented prior to October 1, 1862.

7. *The Bréant Legacy* of 100,000 francs for the discovery of a cure for the cause of cholera. Awaiting this fortunate event, the interest of the prize (4,000 francs) is to be given to whoever advances science in relation to cholera, or other epidemics, or to the discoverer of the cause or means of curing "dartres."

8. *The Barbier Prize* of 2,000 francs, for 1862, will be awarded to the best work deposited at the Academy on Medical Chemistry or Medical Botany.

The Gorilla.—So great has been the curiosity excited by the accounts of M. de Chaillu's adventures in the Gorilla country of Central Africa, that the managers of the Royal Institution invited that gentleman to deliver a lecture on Monday evening, when the theatre was densely crowded. Among the auditory were many persons, especially of the gentler sex, burning with anxiety to hear some of the shocking details of cannibalism, or of some semi-human habits and structures of the ape that should raise mystical questions as to the origin of man. Concerning cannibals, we learned that human flesh was considered a luxury, and that not only captives, but the bodies of those who die of disease, are eaten. But, out of decency, cannibals don't eat their own relatives; they give them to other tribes, and receive their dead relatives in exchange. The Gorilla appears to be a most formidable brute, with a roar like a lion, and beating his huge chest like a drum as he advances on his foe. He often flattened a gun-barrel by using it as a club, and smashed a man's ribs with a blow of his fist. The male has a tremendous mesofrontal ridge, dividing the temporal fossæ, which cover all the front of the cranium. The jaws and tusks are of prodigious force. The female has no frontal crest, and is more timid. The skull of the infant Gorilla differs little from that of the Chimpanzee. The Gorilla is not gregarious; neither eats negroes nor flesh at all; is a strict vegetarian; lives a solitary life with its mate and young ones; builds no nest; lives on the ground, in the darkest part of the forest; the female sleeps in a tree, the male squats on the ground, with his back against the trunk; often stops to sit down, because the legs are weak for the weight of the trunk; the young ones when caught were most untameable, and would neither eat bread nor anything else that was cooked. The cubs or infants are born black; those of the Chimpanzee white.—*Med. Times and Gaz.*

Value of Associated Labor.—On assuming the position of President of the Medical Society of London, on the 11th of March, Mr. Coulson made use of the following language:

"The creations of the mind, unlike those arising from material causes, gather strength as they grow, and, assimilating unto themselves imperishable nourishment, flourish and bear fruit unto the end of time. We shall disappear ourselves; but our work, if it be good, will remain. What, then, is our work, and for what object are we associated? Need I tell you that it is to develop and improve the science of medicine; that we associate because, as man was not made to live alone, neither was he made to work alone. If we desire progress, we must have co-operation. Multiplied difficulties require for their removal united efforts; and what can be more difficult than to penetrate into the mysteries of life, or neutralize those innumerable agencies through which death prevails against us? In the infancy of any science, individual exertion may avail much, for a single mind may then embrace the whole of the facts of which that science is composed. But in proportion as the facts become multiplied, and the science enlarges its boundary, so does further progress necessitate the co-operation of many intellects for the observation of new facts and their reduction to scientific principles. Science, gentlemen, in one respect resembles commerce. It can flourish only in a social state and under an interchange of produce. We may produce individually; but to accumulate wealth, we must meet and exchange our products. If this remark applies to science in general, it is peculiarly applicable to the science of medicine, the advancement of which depends more than any other on the deduction of general laws from a multitude of phenomena observed with care and recorded with accuracy. Now, the mere observation of facts in our profession—that is to say, observation so conducted as to be useful for scientific purposes—is quite beyond the power of any single individual. Medicine, I may boldly affirm, has not only kept pace with the progress of other sciences, but has gone far beyond them, if we take into account the numerous difficult and abstruse subjects embraced within its sphere. This sphere embraces a knowledge of every agent in the natural world which affects the living body. Such knowledge in its full extent is obviously beyond any single capacity, while philosophic deductions from such a multitude of facts—many of them apparently conflicting—are as obviously beyond the power of any single mind. Besides this, the accurate observation of facts in numerous branches of natural history requires so many aids, such a diversity of natural gifts, such varied opportunities, that, to carry it on effectually, we need not only many observers, but that the phenomena be studied in different places, at different times, and under a great variety of circumstances. On the other hand, if we pass from facts to reasoning, from the material world to the world which is within us, we shall find that if it be difficult to observe and record phenomena accurately, it is still more difficult to draw from them correct and philosophical inferences. Man has ever a tendency to go astray when he attempts to soar from the field of facts to the region of philosophy; and if in the one case aid be required to increase power, it is more required in the other case to secure correctness of judgment. These few remarks are intended to illustrate the necessity, as well as the utility, of such associations as our society, and they point to the principal matters which should occupy our attention outside the walls, and our discussions within them. We must have facts, and we must have your enlightened aid to deduce from these facts general laws for the advancement of our science. The facts when presented here become memoirs or cases, and the aid we require is scientific discussion. Such co-operation you will not fail to give, both in recording facts which are useful, and in discussions that must end in the elucidation of truth."

The Sanitary Condition of Paris.—The *Medical Times and Gazette* says:—"The sanitary condition of Paris has been attracting attention, and a controversy has arisen whether it be more unhealthy in 1860 than in 1760. Dr. Rigaud, on the one hand, affirms that emanations from gas-pipes do not affect the general health; that the smoke from the tall chimneys is carried away harmlessly by the breezes; 'that the vast agglomeration of workmen in and around Paris is the cause of its wealth and magnificence;' and that the streets are wider and the drainage better than in former days. To this M. Lazere replies, that one hundred years ago, with a population one-fourth of what it is now, 'the city was girt with ninety-seven magnificent parks, belonging to as many princely palaces, and intersected with the gardens of numerous convents, all tending to furnish a supply of pure air. Instead of this, Paris is now surrounded with quarters consisting of narrow streets, containing miserable houses, inhabited by upward of a million of working people, closely packed together, without the slightest attention being paid to their comfort or cleanliness, or to their due share of pure air and sunlight.' The factories bring with them a population, three-fourths of whom may at any moment require you to feed them. The truth seems to be, that whilst old evils of the cesspool order are being abolished in London and Paris, new evils are introduced. The existence of an enormous area covered with houses, without intersection by gardens, is an immense evil; and the children of a town population will, from this cause, be sickly and short-lived.'"

Uter Insanior?—To bleed or not to bleed—that is the question. The late Dr. Gregory writes, in 1800, as follows:—"About 230 years ago an eminent French physician, Botallus, who was physician to Henry III. of France, wrote a famous book on blood-letting, in which he maintained that it was the best of all remedies, and proper in every disease, even in a dropsy. Soon after his death, a great deal of this blood practice was generally adopted in several countries, but especially in France, where much of it keeps its ground even to this day. Not all the ridicule of Gil Blas has been able to get the better of it. Though the name of Sangrado is Spanish, (denoting a bleeding,) and though the scene of the adventures is laid in Spain, it is well known that the allusion was to the practice of physic in France. In about fifty years after the time of Botallus, another famous physician and medical author, Van Helmont, a Fleming, maintained with still more violence (for he was one of our most spirited and eloquent disputants) that bleeding in any case whatever was downright murder (or, worse, executioner's work, *carnificina*, which, in our language we have no word to express.) Van Helmont died like a hero, of the consequences of a pleurisy, in which he would not allow himself to be bled. Part of one of his letters, written when he knew he was within four-and-twenty hours of his death, and mentioning that such was his situation, is still extant.

"These extravagancies seem to have got the better of the patience of Boerharve himself, whose candor and good nature are unrivalled in physic. He mentions the controversy, and the opposite doctrines of the two great leaders in it; but, without designing to refute them, or attempting to reconcile them, or to argue with them, very properly dismisses them both with a smart kick on the breech, conveyed in two Latin words—*Uter insanior?* 'which is the maddest?' Times have changed, although the old controversy has turned up again. The 'spirited and eloquent disputant' of the day belies his own teaching, gets bled for a pleurisy like a hero, and—recovers; and the solidly-thinking rank and file of the profession only smile at the fussiness of the chief disputants about a question which they have settled long ago without a word."—*Medical Times and Gazette.*

Army and Navy Intelligence.—Surgeon C. H. Lamb has been ordered to report to the Commander of the Department of Washington for duty as Medical Director and Purveyor for the troops (regulars and militia) in that Department.

Surgeon J. F. Hammond and Assistant-Surgeons T. M. Getty and D. L. Magruder have been assigned to duty in the Surgeon-General's office.

Assistant-Surgeon R. H. Alexander has been assigned to duty at the Washington Arsenal, D. C.

Muscular Paganism.—We have more than once had to protest against the vicious love of excitement which daily imperils human life for sport in the arena, and barters the chances of death publicly for a high price, as a kind of spectacle known to be largely relished. Among the most dangerous of the feats publicly performed are those of the "flying" acrobats, a race of men whom the public pay exorbitantly, less for their agility, skill, or grace, than for the daring fool-hardiness with which they voluntarily peril their lives. The "trapeze" vaulting in which they risk their lives is an act of the most imminent danger, although by no means of surprising agility. The excitement which attends its performance is precisely proportionate to the height of the slender pieces of stick from one to the other of which they leap, to the imminence of the risk of falling, and the coolness with which the gymnast uselessly hazards his limbs.

The last week has added a fresh instance to the dangers of these exhibitions. Three such ape-like men have been employed to leap from bar to bar, throw somersaults some hundreds of feet above the ground, and generally to perform the feats of the "trapeze," in that transformed building which was formerly a Panopticon of Science and Art. Each of the three men, we believe, met with accidents more or less severe, and last week the performance was brought to a close by one unfortunate man falling backward from a great height, being stunned, paralyzed, and permanently disabled by injury to his spine.

From the sickness and horror with which this catastrophe is described as having produced amongst those present, it may be concluded that the people are not so highly gratified by the sight of a severe and painful injury as might be imagined from the popularity of such exhibitions. But the rage for these perilous performances is by no means destroyed by such occurrences. On the contrary, it seems to be on the increase; and in the same week that has seen the permanent crippling of this man, a trio of yet more fool-hardy performers of similar flying feats appear at Paris, amid general applause, and promise a visit to this metropolis. The rigid censorship which is exercised over the phrazing of dramatic representations might be usefully extended to these physical displays. Considering the enormous proportion of accidents and sudden deaths which attend these exhibitions, they amount to a sort of public and prolonged suicide, which has the accompanying excitement of a game of chance as to its precise time, manner, and kind.—*Lancet.*

The Grape Cure.—The grape cure, as understood in Switzerland and Germany, consists in making grapes the basis of the alimentation during an interval of time extending from two to five or six weeks. The cure itself may be strong or mild. In the *strong* cure, the arrange-

ments are as follows: The patient rises very early in the morning, and, after having swallowed a large glass of cold water, he goes, if he has sufficient strength, into the vineyard, where he eats one or two pounds of grapes, pulled from the vines, and still wet with the morning dew; these he eats without bread, or, if his stomach has difficulty in supporting the grapes alone, he may take a small roll of half an ounce to two ounces. After this repast, the patient, according to circumstances, is either subjected to frictions over the whole body, or he takes a bath, or he engages in gymnastic exercises, or he simply takes a walk. At eleven o'clock, another repast, consisting of three or four pounds of grapes; after which, again a walk; and at two o'clock a frugal meal, composed chiefly of herbs, with grapes for dessert. In the afternoon, another repast of grapes, of three to four pounds. Lastly, before going to bed, from one to three pounds of grapes are taken, with some very light food. The *mild* treatment differs from the preceding, or strong cure, only in the smaller amount of grapes which the patient takes, the quantity being reduced, according to the case, to one-third or one-fourth; and, besides, a little meat, not too fat, is allowed at the mid-day meal, and a cup of coffee or chocolate in the morning. In both kinds of cure much stress is laid upon the regimen. Patients are strictly forbidden to take milk, or food made with milk; all kinds of fat meat, eggs, vegetables, and every kind of fruit except the grape are prohibited; the day must be regularly employed, with moderation both of drinking and eating; no excess of any kind is permitted; and frequent baths are taken. When the cure is finished, patients should continue the same kind of life during several weeks—eight or ten; which constitutes what the Germans call the after-cure (*Nach-cur.*) The grape used must be perfectly ripe; and different kinds are used in different countries—the chasselas grape in most parts of Germany and Switzerland, the muscated grape in the southern countries. The season best adapted for this treatment is the after-season, the middle or end of October, not only because at that time the grape is perfectly ripe in favorable years, but also because the air is then cooler and more pure, and the patients are less exposed to the heat of the sun when they are out in the vineyards, and because the temperature admits of long walks and gymnastic exercises. The localities selected for these special modes of cure, of which the number is very considerable at the present day, are, for the most part, admirably chosen, both as regards the purity of the air, the beauty of the situation, and the exposure, which shelters them from sudden chills of temperature. We have only to mention Veytaux, Montreux, and especially Aigle, on the borders of the Lake of Geneva; on the banks of the Rhine or its vicinity, Armenhausen, Bingen, Boppart, Laubbech, and Rudesheim, Saint Goar; Méran in the Tyrol, etc. All acquainted with these countries will understand how many favorable influences are at work, in addition to the simple "grape cure."—*Bull. Gén. de Thérap. and Edinburgh Medical Journal.*

The Cure of Phthisis.—At a late meeting of the Harveian Society of London, Dr. Pollock read a paper on this subject:

"Dr. Pollock first spoke of the various stages of phthisis, which disease he did not regard as necessarily making a steady progress to decay, but frequently exhibiting a succession of attacks, and susceptible of local repair. Such cases he had seen—the system sometimes opposing itself to morbid action in so marked a manner as to cause very considerable prolongation of life. In referring to the cure of phthisis, Dr. Pollock said he had no specific to offer, and thought that no cure, in the popular sense, would be discovered. He was of opinion that the average duration of life since the use of cod-liver oil, as stated by some authorities at four years, was too low an estimate. Tubercle might be absorbed, leaving the lung sound, by excavation and cicatrization, or a cavity sometimes remains circumscribed, the patient living for years. Waste of tissue might be retarded by stimulants when first going under treatment, and those taken at long intervals of time were exhibited to the society, which last gave evidence of favorable results.

"Dr. Camps, Dr. Fuller, Dr. Wadham, (the president,) and other members, took part in the discussion, after which the society adjourned to Thursday, February 21, when Mr. Hornidge will read a paper 'On the Action of Ozone on Organic Compounds.'"—*Med. Times and Gaz.*

The Late W. Baly, M.D., Physician to the Queen.—Since the issue of our January number the profession has had to mourn the untimely loss of one whose amiable, unobtrusive character, sound judgment, and practical experience endeared him to many true friends. We fully purposed to have given to our readers a detailed sketch of Dr. Baly's life and career; but as an able and accurate one (from the pen, as we have learned, of his friend and colleague, Mr. Paget,) was presented to the public shortly after his death through the medium of the medical weekly press, we shall (and this without apology) content ourselves with merely transcribing one or two such extracts from this short memoir as may best suffice to present to the minds of those who did not enjoy his acquaintance or his friendship a faithful picture of one so eminently and so worthily beloved as a physician and a man.

Passing over the interesting notice of the circumstances of his early years, his active and earnest pupil-life in London, his studies at Paris, at Heidelberg, and at Berlin, where he

graduated in 1836, we proceed to view him commencing practice in London as a phisician, and engaging himself so sedulously in furnishing to the profession that admirable translation of Müller's "Pnysiology," copiously adorned by his own original observations, to which, in our first article of this number, we alluded.

We afterwards find him receiving the appointment to visit and report on the Milbank Penitentiary, with its arduous duties and rare opportunities—an appointment which he retained for nigh twenty years, and which furnished material for his well-known paper on the Diseases of Prisons, in the 28th volume of the "Transactions of the Royal Medico-Chirurgical Society;" for the Gulstonian Lectures on Dysentery in 1847; and for the "Report on the Cause and Mode of Diffusion of Epidemic Cholera," at the instigation of the Cholera Committee of the Royal College of Physicians, in 1853. Subsequently, Dr. Baly became Lecturer on Forensic Medicine at St. Bartholomew's Hospital; after that, F.R.C.P. and F.R.S.; then Assistant-Physician, and then Lecturer on Medicine, at St. Bartholomew's Hospital. Finally, in 1859, he was called upon to assume the high and responsible office of Physician Extraordinary to the Queen, and to be in constant attendance on the Royal Family.

"Thus [proceeds Mr. Paget] had Baly risen, till the greatest honors of his profession seemed quite within his reach: more than his ambition might soon be satisfied: he appeared to stand firm in the confidence of his Sovereign, in the high esteem of all his brethren, in the affection of many friends: the pride of sisters who had worked lovingly with him in his laborious days. He was glad in his success, brightened by prosperity; but, from all this happiness, in a moment he was hurled to death;—yet not to death: for they who knew his inmost mind are sure that, in the midst of this life, he was preparing himself for another and far better.

"It will be asked hereafter, What was the secret of Baly's singular success?—Truly, there was no secret in it. He had excellent intellectual capacity, and great working power; he was very prudent, gentle, true-hearted, and virtuous; and he daily cultivated and used all his powers, with the single view of doing the best he could in the daily duties of his life. His intellectual strength was not in any one of his mental powers, but in the fair proportions of them all. He had keen senses; very clear observant power; great caution in sobriety and thinking; an excellent ability in analysis. Few could sift facts better than he, or bring them out with more clearness and simplicity; he was eminently clear-headed. And all that he did—his practice and his lectures, his writings and his conversation—represent this character of his mind; all was clear, simple, definite, and orderly.

"An excellent feature in his disposition was a corresponding simplicity and sincerity of heart. He never professed to be what he was not; nay, he never professed himself what he was; he did well, without any self-assertion, and seemed content to do his duty without claiming or expressly seeking for its reward. Doubtless, among the motives that impelled him to a laborious exertion of his powers, ambition had some place; but his ambition was happily tempered by a natural timidity which made him always prudent. Hence, probably, it was that he never committed the faults of mere ambition; he never wasted time or power in striving after things which he was unfit for, or unlikely to attain; he never sought for praise or reputation in pursuits that were alien from his proper work; and when his ambition was gratified, he had the same prudent fear lest he should fall short of the full discharge of the responsibilities which high station and opportunities of doing good brought with them. To the last he never made light of duty; he never thought it easy to do well; he did not presume that he had yet done his best; he seemed to think that there was in store some far better thing for him to do.

"It will readily be believed that Baly was very popular among his pupils and professional brethren. His popularity, like his success, came to him without being expressly sought. It was the natural result of his honesty, gentleness, and liberality, and it increased with his merits. He tolerated kindly the faults of others; he saw them clearly enough, but he did not resent them; he spent his life without a controversy, and among the crowds that followed him to the grave, there were many who had loved him and had rejoiced in his prosperity, though he was their successful rival.

"These were the plain reasons of Baly's prosperous career; and the best lesson which our profession may read in his life—yet not safely, till they have well studied the solemn lesson of his death—is, to believe in the sufficiency of intellectual and moral excellence for the attainment of great success. He entered the profession by the broad and most frequented road; he started in the crowd, with neither wealth nor costly education; he began life without any advantage of social position, without an influential friend; he had no brilliant genius, no lucky gift of cleverness. Yet his career was a constant success; and, in its course, he gained and learned to use as many of these aids to progress as he desired. He constantly cultivated and adorned his mind, and made friends in every rank of life—literally from the prison to the palace—and when he died, the grief was as wide-spread. It was the grief not only of bereavement but of disappointed hope: for all felt that had Baly been permitted to live long he would have achieved great things for his profession and the world."

Such is the graphic, but unaffected and truthful, delineation of a character from the pen of

one whose powers of observation, and whose close, long-continued, and affectionate intimacy with its possessor, entitle him, perhaps before all others, to express an opinion. The picture is complete, and we can only in conclusion express sincere thanks to Mr. Paget for supplying to us so touching and so invaluable a memoir of him whose shocking death we so deeply lament.—*Brit. and For. Medico-Chir. Rev.*

Answers to Correspondents.

W. D. and others.—There is no full treatise, of recent publication, on military surgery. The most complete works are those of Guthrie, Hennen, Hutchison, Larrey, etc.; but they are old, and probably not to be had of the booksellers in this country. One of the latest publications on the subject is by Dr. James Bird, of London, entitled "The principles and Practice of Military Surgery, Military Medicine, and Hygiene." Dr. Blackman, of Cincinnati, announces a "Hand-Book for the Military Surgeon," which, we are informed, will be issued in a few days. Its price is to be one dollar. Stromeyer's work on Military Surgery is in the German language.

M. D.—Surgeons and assistant surgeons in the volunteer military service receive their commissions from the Governor of the State. In the absence of a bureau of medicine in this State, the appointments have thus far been made on recommendations of colonels of regiments. The military bill, now before the State Legislature, provides for the appointment of surgeons after an examination by a medical board.

J. M.—The following table shows the compensation of army surgeons of every grade. The pay of surgeons of the volunteer forces is the same as in the regular army when mustered into service. The value of each ration is thirty cents; forage for each horse, eight dollars a month:

	Pay per Month.....	Number of Rations.	Monthly Com. Value.	Number of Horses...	Monthly Com. Value.
Surgeon-General, $2,740 per annum	...	...	...	...	...
Surgeons of ten years' service	80	8	72	3	24
Do. of less than ten years' service	80	4	36	3	23
Assistant-Surgeons of ten years' service	70	8	72	1	8
Do. do. of five years' service	70	4	6	1	8
Assis't Surgeon of less than five years' service	53	4	36	1	8

	Number of Servants.	Monthly Com. Value.	Total Monthly Income.
Surgeon-General, $2,740 per annum	...	...	228 33
Surgeons of ten years' service	2	47	228 00
Surgeons of less than ten years' service	2	47	187 00
Assistant-Surgeons of ten years' service	1	23	173 50
Do. do. of five years' service	1	23	137 50
Assis't Surgeon of less than five years' service	1	23	120 83

"*Medical Student.*"—We are not a little surprised at your inquiry as to "the standing amongst the profession in Philadelphia" of the "Howard Association for the Treatment of Private Diseases." The very advertisement and its wording are *prima facie* evidence of the shameless quackery of the concern. From beginning to end, it is an out-and-out swindle of the basest kind. There is no "association," no science, no benevolence, as the advertisements whiningly profess—there is nothing but the basest, most unmitigated deception and villainy in the whole thing. It is sad to think that our laws are powerless to reach such cases. All our large cities swarm with these unconscionable villains, and their methods of deceiving the ignorant and unwary are legion. Whoever is unfortunate enough to be afflicted with "private diseases," should give these rascals a wide berth and consult an intelligent physician in their own neighborhood. What he cannot do they certainly cannot, except to "pluck the goose!"

Dr. J. F. K., Iowa.—For information in regard to admission into the army or navy of the United States as surgeon or assistant-surgeon, see last volume of the Reporter, page 633, March 9, 1861. For admission into the volunteer corps, see above.

Dr. S. F. H., Illinois.—You will find the Epitome of Braithwaite's Retrospect a very useful work for reference. It is a kind of medical encyclopœdia; but should rather stimulate research than satisfy inquiry.

Dr. W. B., Pennsylvania.—We will forward the works you desire at the prices named:—Stanley on Diseases of the Bones, $1 50; M'Kenzie on Diseases of the Eye, $5 25; or, Jones' Ophthalmic Medicine and Surgery, (Manual.) $1 50; What to Observe, etc., $1.

For treatment of diphtheria, see back numbers of the Reporter. As a general principle, the supportive plan of treatment is indispensable. Chlorate of potash, topical applications of nitrate of silver, etc., are important adjuvants.

Dr. A. A. W., Kansas.—We will send you "Hodge on Women" by mail prepaid for $3.25.

MARRIAGE.

Purnell—Taylor.—Near Berlin, Md., April 25, by the Rev. Mr. C. Handy, Dr. F. J. Purnell to Sarah A., youngest daughter of John M. Taylor, Esq., all of Worcester county, Md.

COMMUNICATIONS RECEIVED.

Connecticut—Dr. J. B. Whitecomb. *Iowa*—Dr. J. F. Kennedy, with encl. *Illinois*—Dr. W. M. Cooper, with encl.; Dr. S. F. Hance, with encl. *Kentucky*—Dr. J. W. Hackney. *Massachusetts*—J. M. Gordon, Esq., with encl., for Dr. D. D. Hitchcock of Arkansas. *New Jersey*—Dr. J. B. Somers, with encl. *New York*—Dr. Louis Bauer, 3; J. Winchester, Dr. H. O. Tallmadge, with encl.; C. Storr, Esq., with encl.; Dr. H. S. Cullen, with encl.; H. Messenger, Esq., with encl.; Dr. J. Nold, Dr. G. A. Ostrander, with encl.; Dr. C. Valentini, with encl. *Ohio*—Dr. B. F. Coates, Dr. A. H. Heivetson. *Pennsylvania*—Dr. J. M. Dunlap, with encl.; Dr. A. Dimmick, Dr. J. Litz, with encl.; Dr. W. M. Herron, Dr. E. H. Pentz, Dr. J. H. Wilson, with encl.; Dr. J. R. Noble, Dr. W. Leiser. *Rhode Island*—J. G. White, Dr. A. Mann, with encl.; Dr. C. A. Manchester, with encl.; Dr. T. W. Perry, with encl.; Dr. J. Gardner, with encl; Dr. J. A. Goodall, with encl.; Dr. T. J. Potter, with encl.; Dr. E. A. Crane, with encl.; Dr. L. L. Miller, with encl.; Dr. C. W. Fabyon, with encl.; Dr. J. C. O'Neil, with encl.; Dr. A. S. Wethrell, with encl.; Dr. R. Carrique, with encl.; Dr. G. W. Jenches, with encl; Dr. H. Allen, with encl. *Tennessee*—Dr. H. M. Moore.

Office Payments.—Dr. E. B. Kelley, Dr. L. M. Service, Pa.; Dr. W. M. Purcell, Indiana, per Lindsay & Blakiston: Dr. H. C. Yarrow, Dr. J. H. Keeler, Pa.; Dr. A. Dimmick, Pa. By Mr. Swain: Drs. C. B. Stees, Rittenhouse, Foulke, A. J. Bassitt, Bishop, Scholfield, Hooper, A. D. Hall, and Heiss.

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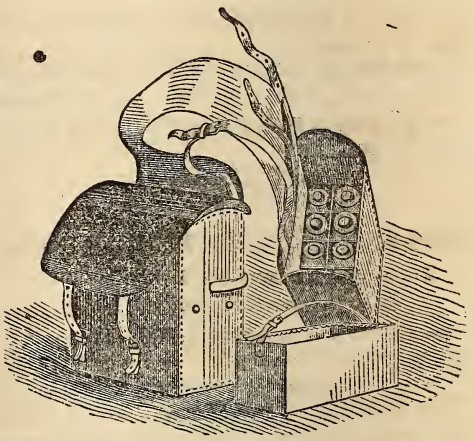

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" "	1	Mortar,	"	"		$16 50
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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 239. | PHILADELPHIA, MAY 18, 1861. | NEW SERIES, VOL. VI. NO. 7.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Iris and Choroid and their Diseases.*

By Laurence Turnbull, M.D.,
Ophthalmic Surgeon to the Howard Hospital.

No. 6.

IRIDO-CHOROIDITIS.

The disease, which has been termed irido-choroiditis, is one that presents many different aspects, and we must particularly distinguish two opposite groups in arranging our cases with reference to our present object.

First Class.—The disease begins with iritis, and, without proper treatment, pupillary exclusion results—whether with or without a certain amount of exudation into the pupil is of no importance. The existence of pupillary exclusion is partly proved by mydriatics, not producing the least reaction of the pupil, and partly by oblique illumination, which reveals a circular border of pigmented exudation, connecting the tissue of the iris on every side with the capsule. The arching forward of the iris is simply a consequence of the pupillary exclusion, and of the serous exudation on the posterior surface. Vision remains perfectly good in a few cases even after this condition of the pupil—as the rule, however, amblyopia being at the same time developed.

Second Class.—Choroidal changes commence the disease, iritis occurring as a secondary complication. I have already pointed out that extensive retinal separations arising through hemorrhage or serous effusions from the choroid, generally excite, in their progress, a reactionary inflammation of the internal membranes and consequent exclusion of the pupil. Cataract often occurs at the same time as the iritis; it sometimes precedes it, and thus we have cataracta accreta in combination with pupillary exclusion. In general, central capsular cataracts are also formed, and extend over the greater part of the pupil—an important diagnostic sign, as from their presence. Of course, such capsular opacities must not be confounded with pupillary exudations. Their exact determination is generally impossible where extensive iritic deposits have been contemporaneously formed. Capsular opacities, in the form of separate lines, proceeding from the periphery and projecting into the region of the pupil, occur in all forms of cataract, especially in very old opacities, and are in no way characteristic; but large, white capsular patches embracing the pupillary space, the lens being at the same time, as yet, imperfectly clouded, give, with the greatest probability, the diagnostic sign mentioned. We can conclude with the greatest probability as to the existence of retinal separation.

Treatment.—To return to the treatment, Dr. Græffe has found that iridectomy only effects a radical cure in the *first group of cases*. He has often tried it, also, in irido-choroiditis, resulting from retinal separation, and have generally seen any existing irritation relieved.

He has operated on those cases of irido-choroiditis well known to all observers, but very variously named. In this form the symptoms of irritation are not very severe; there is diffuse haziness of the aqueous humor, with no great amount of pupillary exudation, without contraction, often even with dilatation of the pupil. In this stage of the disease it has been termed descemetitis, hydromeningitis, aquo-capsulitis, iritis serosa, etc., to which symptoms, contemporaneously or at a later period, there are added haziness and softening of the vitreous humor, (very fine floating opacities,) great tremulousness of the iris and crystaline lens, generally terminating in retinal separation, cataract, etc.

* For most of the matter contained in this lecture, I am indebted to Dr. A. v. Græffe, of Berlin.

Guided by the anatomy of former days, this species of disease has been supposed to be an inflammation of the serous tract lining the whole interior of the eye, and even if no part of this conception still remains—for the hydromeningitis is an iritis, and the hyaloiditis is a choroiditis—since, as the rule, success may be attained by other means in the stages of these diseases. He has only performed iridectomy in some old or desperate cases, and, as these numbers amounted to six, he has been unable to come to any decision, and has not operated in sclerotico-choroiditis, that is, cases in which sclerotico-choroiditis posterior had gradually extended to the anterior parts, and had induced a total ectasis (or dilatation) of the bulb, (hydrophthalmus,) haziness of the vitreous body, and atrophy of the choroid, not having seen any injurious effect from the formation of an artificial pupil; but neither has he been convinced of any curative action.

He also operated for extensive corneal affections with and without iritis, and almost constantly remarked that, after the formation of an artificial pupil, the filling up of the corneal ulcers and the clearing of the opacities, as far as was possible, proceeded with extreme rapidity and success. Years ago, he says, this led me to the idea of performing iridectomy, with the design of *shortening the duration of corneal affections*. Of course, this treatment must not be employed in cases where the corneal lesions may be expected to heal without injury to the central pupil, but only where total destruction of the cornea is to be feared. He disapproves of it when the corneal disease depends on a blennorhoic affection of the conjunctiva.

Dr. Græffe has operated in cases where the lens had become swollen, with the view of preventing its injurious effect both after discisions and accidents. Elsewhere, he has, indeed, maintained that the extraction of the swollen lens by the linear operation is the best course to pursue; but there are exceptional cases (as after accidents we often find the iris wedged into the cornea) where iridectomy must be performed instead before or at the same time. The degree of inflammation can never be considered a counter-indication. In truth, there is no treatment whereby, under such conditions, has so decisive an antiphlogistic action as iridectomy. In consequence of iritis, he has avoided, as far as possible, operations of discission in adults, for he cannot agree with experience of English authors, especially of Jacob, as to the excellent action of keratonyxis in partially-softened cataracts, even of old persons. The occurrence of iritis, even though chronic, operates most powerfully in preventing reabsorption, for the capsule, thickened by deposit, is incapable of expanding or contracting. It matters not what future treatment of the cataract be intended, iridectomy should at once be performed. In some cases, we may form the artificial pupil at the upper part of the iris, as previously mentioned.

For a similar reason, iridectomy may be indicated in cases where a small foreign body, such as a fine chip of metal has pierced the cornea, and is firmly fixed in the iris. All hope of its becoming encysted, etc., must be abandoned when the irritable condition is of some continuance. We must then excise, at the same time, both the foreign body and the adjacent portion of the iris. This is far safer practice than to attempt to extract simply the foreign body, unless it is of large size.

Lastly, he has performed iridectomy, even in a perfectly-blind eye, simply on account of the other eye. No experienced observer of the present time can doubt the irido-choroiditis resulting from an accident, not unfrequently induces a sympathetic affection of the second eye. And we arrive at a similar conviction, as to internal inflammations of spontaneous origin, when we carefully consider the manner in which they spread. He considers it unnecessary to perform total extirpation of the globe for traumatic irido-choroiditis, with the view of preventing a sympathetic affection of the second eye; and I only mention the proposition because it has been introduced by some English operators.

Upon the *manner of performing the operation*, under the circumstances referred to, and on its immediate effects, he has always employed iridectomy or the method of tearing the iris, claimed by Desmarres as his own discovery, and which does not differ very essentially from it.* Irido-dialysis is falling more and more into disuse—a natural result of its offering no greater advantages than iridectomy, and yet being attended with important disadvantages and dangers. We may, however, briefly refer to an apparent advantage of

* Desmarres, in my opinion, merits our gratitude for having shown that, in regard to the performance and progress, it is of little consequence, in cases of synechia, whether the free pupillary margin is brought out or the tissue of the iris is torn in its continuity.

irido-dialysis, as on this account it has still its advocates; it affords broader peripherical pupils, such as are wanted where only a small marginal portion of the cornea is available for the transmission of light. But, without considering the very uncertain success of dialysis under these conditions, we can, through iridectomy, readily obtain pupils in the most external part of the corneal margin. Nothing more is required than not to penetrate at the junction of the cornea and sclerotic, but at the distance of half a line from this point into the sclerotic itself, and to give the lance-shaped knife such a direction that it may pass into the anterior chamber exactly at the point of union. That this is by no means difficult, appears from the fact that the origin of the iris, as Arlt especially has urged, does not lie on the posterior wall of Schlemm's canal, but in the very thickness of the tensor choroideæ.* If the knife is thus passed into the sclerotic, no opacity whatever is caused in the adjacent portion of the cornea; and this is of special importance when the healthy portion of the cornea is extremely small; the pupil extends, of course, as far as the extreme edge, so that, at a later period, by oblique illumination or the ophthalmoscope, the tops of the ciliary processes are seen projecting into the pupil.

We generally find great structural changes in the iris when irido-choroiditis is still active. If its periphery is pushed forward by serous exudation, as already stated, it can readily be seized; the more central portion, however, adhering through pigmental exudation remains in former position, and he would dissuade from using any violence in extracting it, because the advantages are not proportional to the danger of wounding the capsule, and of thus causing traumatic cataract. In other cases, the iris is so thickened by exudation into its tissue, that it becomes quite stiff and unadapted to form a fold. Dr. Graffe employs *straight pupillary forceps with sharp teeth*, which, instead of following the ordinary direction, applied to the iris *somewhat* perpendicularly. According to his experience, such an instrument is of very great service under these conditions. Severe hemorrhages, filling the whole anterior chamber, are very troublesome in some cases of iritis and irido-choroiditis, and success will sometimes be frustrated by them. It is very desirable to exercise a little pressure even during excision, and afterward to apply a compressing bandage, and this, after half an hour or an hour, which is gradually loosened. There is *severe pain* sometimes produced by seizure of the iris; whilst this is most exceptional under ordinary conditions, here it occurs almost invariably, but never a more violent degree of iritis ensue after the operation; on the other hand, there sometimes follows, however, especially when severe hemorrhage has occurred into the chambers, a very marked state of congestion, of which the symptoms are lachrymation, slight chemosis, moderate swelling of the lids, and hyperœmic coloration of the iris. This always forms an essential difference from the usual state, in which the formation of an artificial pupil excites no reaction whatever; and even here it is only occasional, principally occurring when we are compelled to operate in very acute cases. Still it seems advisable to allude to it, that those who may hereafter imitate his example may not be astonished if the allaying influence of iridectomy, of which he has often spoken so highly, should not in all cases immediately follow the operation. Fortunately the state of congestion is temporary, and even when excessive it yields to moderate antiphlogistic treatment.

Lest he should be charged with one-sidedness, we must, in conclusion, remind the reader that he has by no means intended fully to consider the treatment of iritis and irido-choroiditis. He has never aimed at supplanting by mydriatics and iridectomy, other methods of treating these diseases; and every unprejudiced person who has followed his clinical practice and lectures will bear witness how much he values an energetic and properly-conducted antiphlogosis, especially at the commencement of the disease. Above all, far from wishing to depreciate the importance of mercurials, he recognizes, with the fullest conviction, their great value in dangerous, internal inflammations. His sole object has been to recommend to his colleagues a proceeding which he thinks he has tried with the necessary scepticism and circumspection, believing that they will find in it a source of numerous successes and the curing of many otherwise incurables.*

* The older surgeons had already remarked that they could puncture the sclerotic tolerably far back, and still introduce the lance-shaped knife into the anterior chamber; but, according to their accounts, they generally first passed the knife into the posterior chamber, and then transfixed the iris from behind forward. I am decidedly opposed to such a proceeding, transferrence of the iris from behind forward being very unsafe, as, when instruments are introduced into the posterior chamber, the margin of the lens, etc., may be wounded.

* Abridged from the "Archiv für Ophthalm." Translated by Thomas Windsor for the new Sydenham Society, London.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

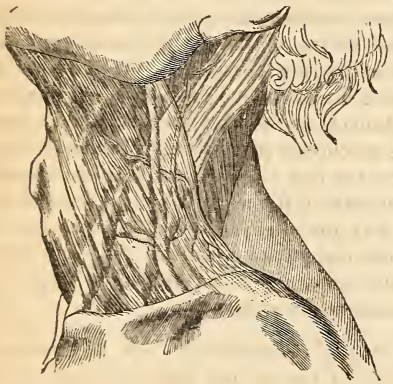
By D. Hayes Agnew, M.D.,

Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 42.

Cervical Region—Continued.—The figure below will explain the force of the observations made in reference to the abstraction of blood from the external jugular.

Fig. 37.



The external jugular is seen through the platysma myoides; along its posterior border runs the auricular nerve, and beneath it the transversalis colli.

Fascia Profunda Cervicis, or deep cervical fascia. This lies immediately beneath the superficial, of which we have spoken. It constitutes sheaths for the muscles, blood-vessels, nerves, and glands of the neck, giving off many processes, and forming many attachments, any description must necessarily be somewhat complex.

This fascia is seen emerging from beneath the anterior edge of the trapezius muscle, and if the latter be turned carefully back toward the spine, it will be found to be connected to the ligamentum nuchæ, and spinous processes of the cervical vertebræ posteriorly, and the superior border of the scapula inferiorly. Following it forward, at the posterior border of the sterno-cleido mastoid, it divides into two laminæ, one passing in front, the other behind, and uniting again at the anterior edge, forms a sheath for that muscle, and is continued forward to the median line of the neck, there joining the corresponding layer of the opposite side.

Below, the fascia passes over the clavicles and sternum upon the chest, blending with the pectoral fascia, and above it is continued up over the parotid gland and the masseter muscle, as high as the zygomatic arch, to which it is connected, and also to the cartilage of the ear. From the margin of the masseter to the symphysis of the inferior maxillary it is connected to the bone. The other facial connections of this membrane have been described in the papers upon the face.

If now the fascia be incised over the sterno-mastoid muscle, dissected from its surface, and the muscle divided across its middle, carefully separating its upper and lower ends from their attachments with the posterior layer, and reflecting them over the occiput and sternum, a most satisfactory view will be had of the very perfect manner in which this muscle is encased by this sheet of the cervical fascia.

If the attention be next directed to the connections of the cervical fascia along the middle line of the neck, it will be found adhering closely to the thyroid cartilage, and also to the hyoid bone, where its body and cornu join, tying down at this situation by a strong loop, lined with a synovial membrane, the tendon of the digastric muscle.

Should the knife be now drawn from the angle to the symphysis of the lower jaw and the fascia divided, it may be turned down some distance upon the neck, in doing which the submaxillary gland will come into view, and which, if lifted up from its bed, will be seen to rest upon another layer, which is continued up on the hyoglossus and mylo-hyoid muscles to the myoid ridge of the inferior maxillary bone. Both these layers are derivations from a common one, which separates on a line corresponding to the curve of the digastric muscle, and which, posterior to the submaxillary gland, takes hold of the angle and a little of the ramus of the jaw, sinking down to the styloid process of the temporal bone, to form the *stylo-maxillary ligament*. Behind this ligament the fascia is continued up beneath the parotid gland, to form the deep leaf of its capsule.

From the layer passing behind the sterno-cleido-mastoid muscle, several additional detachments are sent off above, one which divides to embrace the posterior part of the digastric muscle, and again unites to become connected to the styloid process.

At the lower part of the neck a strong leaf is detached, which encloses the omo-hyoid muscle, and attached below to the clavicle, to the

sheath of the subclavius muscle and subclavian vessels and brachial plexus of nerves, and passing toward the median line of the neck subdivides into three layers: one, the most superficial, is inserted into the posterior edge of the sternum; another forms a sheath for the sterno-hyoid muscle; and the last, a sheath for the sterno-thyroid muscle. The first, at the upper part of the supra-sternal fossa, unites with that layer of the cervical fascia which passes upon the anterior margin and surface of the sternum, and between lie a lymphatic gland or two, with some loose fat and connective tissue.

Returning again to the deep layer of the sterno-mastoid sheath, it will be seen that along a line nearly corresponding to the anterior edge of that muscle, the fascia furnishes a prolongation which encloses the great cervical blood-vessels, forming their sheath, in front of which rests a small nerve, "the *descendens noni*," and which, opposite the cricoid cartilage, forms a connection with a long slender filament, the "*communicans noni*," sweeping across the neck at that situation. From the inner side of this blood-vessel sheath, the fascia is continued in front and behind the trachea and thyroid gland, joining the layers of the opposite side in the middle line. This is the "*tracheal fascia*," and which may be followed down behind the sternum into the thoracic fascia, a structure which closes in the upper part of the thorax. The tracheal fascia surrounds the trachea very loosely, contains the remains of the thymus gland and several blood-vessels, which will be described in their proper place. The thyroid gland, however, it retains very firmly in position.

The fascial extensions from the blood-vessel sheath, if followed upward, will be found to spread over the constrictor muscles of the pharynx, (*pharyngeal fascia,*) connecting itself to the stylo-hyoid ligament, petrous portion of the temporal bone, and becoming lost in the aponeurotic attachment of the superior constrictor muscle, as it becomes connected to the basilar process of the occipital bone.

"*Prevertebral Fascia.*"—By removing the superficial layer of muscles, and dividing the trachea and œsophagus just above the sternum, and carefully dissecting them up from the front of the cervical vertebræ, another fascia will be brought into view, and from being more immediately in front of the cervical division of the vertebral column has been very appropriately termed the prevertebral fascia. It is connected to the œsophagus, trachea, and larynx, by loose cellular tissue, as may be seen when these organs are being separated from it, and admits a considerable degree of movement. Posteriorly it is similarly connected to the pharyngeal fascia, and is attached to the basilar process of the occipital bone. Stretching across from one side of the neck to the other, it becomes connected to the tips of the transverse processes of the cervical vertebræ, covering in the prevertebral group of muscles, and the scaleni muscles. It not only covers in the scaleni muscles, but gives a sheath to the brachial plexus of nerves, and subclavian artery accompanying these into the axilla. As it passes beneath the clavicle, it contracts an attachment to the deep surface of that bone to the subclavius muscle, and is permanently fixed upon the first rib. If it be followed toward the back part of the neck, it will be found connected with the upper border of the scapula. This fascia completely separates the neck from the axilla, and may be termed with propriety the *cervico-axillary septum.*

Practical Observations.—The description furnished of the cervical fascia exhibits the existence of three membranous sheets, the superficial inclosing a cutaneous muscle, and mingled with more or less fat, the deep and prevertebral. The first two are attached to each other pretty uniformly all over; the last two only at certain places by vertical slips. The numerous laminæ detailed are mostly detachments from the second.

I propose now only to make a few general observations of a practical nature, giving such more in detail as the different regions of the neck are exposed.

Tumors of whatever character, forming beneath the deep cervical fascia, do not make any very great show on the surface, its resistance preventing growth in this direction. Hence they burrow, insinuating themselves deeply into the irregularities of the neck, rendering their removal tedious and not unattended by danger. If their growth has been slow, the strength of the fascia is increased by its becoming thickened through new additions of fibrous tissue. This mechanical resistance may cause many unpleasant symptoms, such as numbness of the upper extremities, irregular action of the diaphragm, difficulty of breathing, etc., from pressure upon important nerves or the trachea

Contributions to the Pathology of the Spinal Cord and its Investing Membranes.

Read before the Brooklyn Medico-Chirurgical Society.

By Louis Bauer, M.D.,
Of Brooklyn.

[Continued from page 62.]

Case 5. Hyperæsthesia of the spinal cord from a fall, producing chorea and, finally, epilepsy: cured.

A boy, nine years old, of delicate appearance and rather undeveloped, was brought to me, and the following history related:—That he had sustained a fall with his back upon a curb-stone two years prior to my seeing him: that the injury seemed to have been so trifling as to cause little inconvenience to the patient, nor any apprehension to the parents. A few months after that occurrence, he presented signs of chorea, chiefly on the right side, which was soon followed by convulsions of the right arm. Gradually these convulsions grew in extent and frequency, and at last coupled themselves with unconsciousness, acquiring the form of epilepsy.

At the time of my examination, the patient looked pale and haggard; his intellect was obviously weakened, and his physiognomy bore the marks of semi-idiocy. He was greatly agitated, and his heart beat so violently as to invoke suspicion of its integrity; digestion greatly deranged.

At this period, the paroxysms were very frequent—from three to five and more within twenty-four hours; in fact, so often as to require constant watch on the part of the mother. The symptoms attending them seemed to be of the ordinary character, and it was doubtful whether they were preceded by an epileptic aura.

The spine, without presenting any deviation from its perpendicular, was very tender, more especially the cervico-thoracic portion. The tenderness was so great that, on palpation, the patient winced signally, and a paroxysm could scarcely be prevented by dashing water in his face.

As to the cause of this trouble, the mother was at a loss, and it was with difficulty that she remembered the fall of her son upon the back.

It is needless to state that the patient had already been subject to various treatment for epilepsy, in spite of which the malady had steadily advanced. The diagnosis seemed to be plain. Concussions and traumatic injury of the spine not unfrequently produce irritation and convulsions, and the hyperæsthesia of the spinal cord was too marked to be overlooked, or disconnected with the existing disease. The results of my treatment fully justified this diagnosis. After having paid due attention to the deranged state of digestion, I directed the supine posture, with local depletion, by means of artificial leeches—ice-bag—both as an antiphlogistic and anæsthetic; and internally I administered calomel, with opium, in moderate doses. The leeches I had to repeat twice before the irritation of the spine had entirely subsided. With the first depletion, the epileptic paroxysms left off and never returned. At the end of a month the patient got up, still delicate in appearance, but greatly improved. I put him on iodide of iron, and subsequently on quinine, before I discharged him. After the lapse of a year, I saw him again, when he was still free from relapse, and looked decidedly better.

Case 6. Hyperæsthesia of the spinal cord; paroxysmatic opisthotonos; relieved.

A young gentlemen from Montgomery, Alabama, eighteen years old, of a powerful frame, but pallid and disconsolate looking, was placed under my charge with the following malady: After having, in the way of sport, swam repeatedly to and fro across the Alabama river, he arrived on shore in an exhausted condition, and was immediately attacked by a most painful contraction of the dorsal muscles, bending him completely backward. This lasted for some days and then subsided. During two and a half years, the same attacks were repeated from time to time. Mental excitement, physical exertion, horseback exercise, or riding in a wagon over a rough road, would invariably bring them on. During these attacks, he did not lose his consciousness, nor did they extend beyond the dorsal muscles. His general health was, of course, impaired thereby; his digestion became deranged, and his whole system so irritable as to be susceptible to reactions upon the most insignificant causes; his pulse was rarely below 100, but frequently 125 in a minute, with palpitations of the heart.

This susceptibility of his disease to manifest itself after exertions and slight concussions of the body, very naturally directed attention to the spinal cord and its investing membranes, which, on examination, I found to be exceedingly tender along the thoracic portion, and, whilst under examination, the patient solicited the greatest

gentleness, stating that he had the same feelings which usually preceded his attacks. My diagnosis was the same as in the previous case, hyperæsthesia of the spinal cord, and, adopting the same treatment as in the previous case, I succeeded in relieving the patient entirely from his malady by a treatment of not over three months. Since then he has studied medicine, and is now a successful practitioner in his native city, and, as far as I know, enjoys perfect health.

Another case has since come under my observation that corresponds, in every essential point of view, with case 3, in which I arrested the epileptic paroxysms promptly by local depletion of the spine. The case, however, having been withdrawn from my charge very early, I have not been able to take notes, therefore content myself with this general allusion.

Case 7. Reflex motions of the lower extremities; dualismus of symptoms.

Dr. Kaemmerer, of New York city, consulted me in the case of a young man from Philadelphia, who, for some months, had suffered from weakness and muscular tremor of the lower extremities. He was twenty-six years old, tall, and robust, and by appearance a well-constituted man.

Not aware of any other cause, he ascribed his trouble to masturbation, to which he had been addicted to an extensive degree, though not within a year or two of the commencement of the disease.

On palpation, the spine was found to be tender at the lumbar portion; bowels and micturition free; virile powers slightly enfeebled. The lower extremities were well formed and highly muscular; their circumference in keeping with a general satisfactory state of nutrition, without change of temperature either. In fact, if one saw the patient in the recumbent posture he might well be taken as a well and strong man, endowed with more than ordinary physical powers; but not so in the reverse posture, for he could scarcely stand on his legs or move a single step without support, and then his movements were infirm and his muscles tremulous and jerking. Whilst the patient was thus unable in this posture to exercise his muscular powers and control them at will, he could do so when placed in the supine in a marvelous degree. Then all muscular tremor and paralysis disappeared; he could perform and modify the motions of his extremities at will and with perfect ease, and he betrayed in nothing the disease of his spinal cord. Sensation was perfect. That the malady was strictly confined to the lower portion of the cord and exclusively to the ganglionic structure, could not be doubted; but beyond that our diagnosis did not extend.

The attending physician agreed with me in adopting a moderate antiphlogistic and derivatory treatment, which, I was happy to learn, had proved beneficial, and became instrumental in his perfect recovery.

Case 8. Reflex motion of lower extremities, caused by the inhalation of carbonic oxyde gas.

Two young men arrived one night at a German inn and took their quarters in a room that was warmed by an oven; the damper having been closed too early, the carbonic oxyde gas escaped into their bed-room. Next morning one of them was found to be quite dead; the other exhibited yet some faint signs of life, and he was eventually restored to consciousness. Ever since he has remained afflicted with automatic movements of the lower extremities. When I saw the patient, nine months had elapsed since he had been exposed to the poisonous gas. Though he had retained volition and sensation of the members, he had no power to control the constant reflex movement of the same. With two canes in his hands, all he could accomplish was to keep balance. Sometimes the extensors of the leg would forcibly stretch it, and bring the foot to the ground with some abruptness and noise; at another, the adductors would draw one extremity across the other, so as almost to upset him; or the abductors would display their strength. In fact, the patient presented the most ludicrous appearance, and seemed to be always on the watch what his extremities would do next. When he lay down, he could, in some measure, control the reflex movements. Sensation was quite normal.

I mention this case merely for the pathological interest it can hardly fail to excite. Having had no charge of it, I do not know whether any thing or what has been tried to relieve the symptoms, nor whether it was eventually relieved or what has become of it. But this I know of the case: that there was no feasible ground for suspecting simulation; for the patient had to depend on his own earnings, and there was no chance for him to be indemnified.

The case represents irritation of the ganglionic structure, to the exclusion of the brain fibres.

Case 9. Case of clonic spasm of both trapezoid muscles, eventually relieved by myotomy.

A justice, fifty-five years of age, consulted me in regard to his case, which presented the following particulars:—About the time that he had assisted in gathering the potato crop, overheated and subsequently exposed to a keen draught, he had submitted to an operation for the removal of a large tumor from the supra-scapular fossa. When the wound had almost healed, he noticed a painless swelling in his neck, prompting him to recline the head. Gradually the convulsions became so powerful as to draw the head almost over to the back. In order to relieve this inconvenience, he had an apparatus constructed which held his head erect, and enabled him to attend for some time to his professional avocation, which, however, he had at last to relinquish.

For three successive years he had thus been afflicted, and had undergone different modes of treatment, without even temporary relief, when he placed himself under my charge.

His general health was unequivocally good, vital functions in the best order, and his appearance robust and comparatively youthful. There was no hyperæsthesia at or about the cicatrix, nor abnormal sensation anywhere. Sometimes the cervical portion of the spine seemed to be tender on palpation, the application of a hot sponge, or of electricity; at others it was not.

The trapezoid muscles were the only ones involved, and under exciting influences their contractions followed in rapid succession, and were irresistible; whilst, under ordinary condition, they could be restrained by the hand or the apparatus. During sleep, (but not in the supine posture) alone, they were suspended as they had been during an attack of typhoid for a period of four weeks, recommencing on recovery.

The distortion caused by the spasms, and the annoyance of the patient, may easily be imagined. The cicatrix at the supra-scapular fossa was soft, pliable, and not unusually sensitive. No neuroma could be discovered thereabout.

The causes of the existing trouble were utterly obscure, and derived no elucidation from the preceding general and local treatment, which had already exhausted all the remedies usually proposed in cases exhibiting a similar character.

No alternative remaining, I suggested, as a dernier resort, the division of the affected muscles, which admirably succeeded in removing the vexatious trouble.

Case 10. Case of clonic spasm of right cervical muscles from concussion of spine; partial relief by myotomy.

A mercantile traveler, aged forty-four years, met with an accident, by falling backward, and striking the cervical portion of the spine transversely. He felt, at the time, a considerable concussion and tingling sensation, but this, as well as the surrounding tenderness of the parts concerned, passed off without apparent inconvenience.

About four months after the accident, the patient remarked slight and powerfully increasing muscular tractions on the right side of his neck, which, in the period of eighteen months, succeeded in drawing the right angle of the mouth downward, and the head over to the right shoulder.

On examination, I noticed that the spasms involved the platysma-myoid, sterno-cleido mastoid, and some deeper-seated muscles of the neck; that they alternated with short relaxations, which give his head a tremulous motion; that these contractions were painless, whereas considerable soreness and inconvenience were caused by the malposition of the head. The latter rested almost upon the shoulder, whilst the chin was turned to the left, as in ordinary torticollis. During sleep the spasms were *not* suspended, and the patient would procure rest only by at once assuming a position which yielded to the abnormally-acting muscles. As soon as he changed that position, he would awake and would feel pain in his thorax. There was no soreness about the spine.

Presuming that the concussion of the spinal cord had been followed by circumscribed inflammation, and appropriate morbid changes of the organ or its investments, consequently, placing the proximate cause of the trouble beyond reach, I advised the division of the affected muscles, which was consented to. At two different times I divided successively the sterno-cleido-mastoid, platysma-myoid, and the anterior scalenus muscles, the latter after a free incision and careful dissection. But the affection extending over the deeper-seated cervical muscles, I had, of course, to stop there. The patient has obviously been improved; the tortion of the head toward the left side having been entirely and the lateral inclination partially removed, so as to be controlled by a stiff and high collar.

Case 11. Apoplexy of spinal cord; sudden paralysis; almost perfect relief.

An Irish woman, twenty-nine years of age, otherwise of healthy and robust constitution, walked along the street, having her husband's arm, when suddenly and without any apparent cause she sank helplessly to the ground, losing the locomotive powers of her lower extremities, and had to be carried home. When I took charge of her case she had been thus afflicted some months. At that time sensation had been partially re-established, but the motor power was, as yet, very inefficient, her extremities being rigid, livid, and cool; menstruation irregular; leucorrhœa present; bowels constipated, the sphincter, however, acting. The bladder emptied occasionally, spontaneously sometimes, and at others requiring the catheter. The muscular irritability of the lower extremities was easily excited and reflex action induced, whereas the nutrition of the affected parts was impaired. The lumbar portion of the spine was extremely tender, and palpation would send a tremor through the affected members.

There could be no doubt that a sudden hemmorrhage upon the lumbar portion of the cord had given rise to this malady. When in perfect health, at any rate without any previous affection of the cord, she was suddenly deprived of volition and sensation in the lower portion of the body. And the gradual improvement that ensued was in strict keeping with the gradual disappearance of the hemorrhagic clot. I do not know any other cause, save violent traumatic injuries, that could have produced so suddenly these same effects, and the latter were not operative here.

The rigor and occasional tremor of the paralyzed muscles, as the consequence of local irritation of the spinal cord, corresponds well with the pathological process attending and following apoplexy. Repeated depletion, near the seat of the disease, and local derivation, benefited the patient much more than general treatment. In fact, every increase of the symptoms was promptly subdued by the former. From persevering in this method, the patient has been thus far restored to volition, so as to walk without crutches or cane, to bear a certain amount of exertion, and to attend to her domestic affairs without aid. At any rate, her recovery has been ever since progressive and steady, and by this 16th day of February, Dr. Willets has seen the patient at her dwelling, and considers her case tantamount to a complete cure. From her youth, the nature of her disease, and her state of health, this result was confidently expected.

Alveolar Abscess.

By Jas. E. Garretson, M.D.,

Of Philadelphia.

Periodontitis, or inflammation of the alveolo-dental periosteum—a consideration of which concluded my last paper—has as its sequel alveolar abscess. This disease, so common as to be familiar to almost every one, known as gum boil, would scarcely be worthy a distinct review, were it not that occasionally it assumes such strange phases as to make its recognition a matter of the utmost difficulty; because therefore of these phases, its pathology commends itself to our attention.

The local features of an alveolar abscess may be described in a very few words. At the apex of the fang of the diseased tooth a sac forms (the old pyogenic membrane of the books.) This sac, as it enlarges, makes for itself, through the absorbents, a cavity in the alveolar process, the formation of pus results in pressure on the bony parietes, the most vulnerable wall of which is absorbed, thus allowing the escape of the matter to the soft parts; this last, of course, soon yields, fluctuation becomes very perceptible, the matter vents itself, escaping into the mouth. The cure of an alveolar abscess depends upon the breaking up of this sac, and the filling up of the cavity with healthy granulations.

As periodontitis may not unfrequently be aborted by scarifying the gums very freely and deeply, and, after the congested vessels have relieved themselves, constringing the parts by applications of strong tinct. of iodine, so alveolar abscess can, in the majority of cases, be aborted by the following trifling operation:

With a sharp scalpel make a slight cut through the soft parts at the apex of the affected tooth; next take up a spear-pointed drill and pierce through the outer plate of the bone into the cavity in which the sac is being developed, break up this sac, and, by means of a delicate tent, keep the wound patulous for a few hours.

This little operation is, I believe, original with myself; indeed, I do not know that it ever has been performed even yet by any one else: but I am well assured, through a pleasant experience, that it very commonly spares the patient upon whom it is practised days of excrutiating torture which belongs to the formative stage of

this disease. The philosophy of the operation will be at once recognized, I think.

I cannot, here, help excepting to the common practice of ordering blisters and warm fomentations to the face in incipient abscess; the practice is very objectionable, and not unfrequently results in scars which much deform the patient. If the practitioner should not desire to adopt the operative suggestion I have offered, let him order a roasted fig or raisin directly to the affected part, either of these will do equally well the work of the blister or poultice.

A specific and speedy treatment for alveolar abscess, in its developed stage, was given in the previous paper.

The anomalies of alveolar abscess, if such a term might be applied to conditions not at all unfrequent, may, perhaps, be best studied through the medium of examples. I select a few from my own practice and that of other gentlemen. If, happily, they may serve to throw light on some obscure case at present bothering some young practitioner, I shall feel well repaid for the trouble of jotting them down.

About two years ago I saw, in consultation with a Dr. B., of this city, Mrs. ——, who had been afflicted with a running ulcer at the apex of the chin for four years. During this period the lady had been under the care of some five or six different practitioners, and had twice been operated upon for supposed disease of the bone.

Suggesting that the origin and cause of this fistula might be found in some diseased tooth, I was assured that these organs had been most carefully examined, and that there was not an unhealthy tooth in the mouth.

A superficial examination seemed to verify the truth of the assurance. Not satisfied, however, with such examination, with a steel instrument I commenced striking each tooth separately; the patient thought that in the left inferior lateral incisor she experienced a sensation differing from that of the others.

Placing her now in the full sun-light, I reflected the rays over the teeth by means of a hand-mirror; this test satisfied me that the incisor alluded to had lost its pulp—it showed a slight opacity.

I was now convinced that the disease was alveolar abscess, and predicated on my examination, that an opening made into the affected tooth would discover the death of its pulp; this was done, and the tooth found dead, as anticipated.

The offending organ was extracted, some necessary local attention given the sinus, and the patient was well in a week.

Comment on this case scarcely seems necessary, and yet it may not be amiss to suggest the explanation of the deceptively-healthy appearance of the dead tooth.

When the pulp of a tooth dies, discoloration of the enamel is the common result, this discoloration being caused by the absorption of the dead matter by the tubules of which the dentine is made up. Occasionally, however, the opacity is so slight as to be scarcely perceptible, and this depends on the dense character of the tooth—not unfrequently the tubules being so nearly occluded as to destroy their cappillarity —the dead pulp is not therefore taken up. A very vascular tooth, having a dead pulp in its cavity, will soon be turned almost black.

A dead tooth, however, can always be distinguished by the tests which I have given.

The pathology of this case may be summed up very briefly. The death of the pulp provoked periosteal difficulty. The inflammation, uncombated, resulted in alveolar abscess. The pus, after inducing by its presence, the absorption of the bone, dissected its way under the soft parts down to the apex of the chin, where it discharged itself—the abscess passed into the chronic stage, and thus the annoying and formidable fistulous ulcer was of course rendered incapable of being healed by any directly local treatment.

In another consultation saw Miss B——, a young lady, nineteen years of age. In this patient, a fistula in the very centre of her hard palate had existed for some two years, giving rise to great uneasiness, (as it had refused to yield to much treatment,) a cancerous cachexia existing in the family.

The denture in this mouth was also so complete as not to have attracted observation, every tooth being perfect, with the exception of a single molar, which tooth had a small filling of gold on its grinding face. The filling in this tooth was removed, and the pulp found dead. Extraction was resorted to, and in three or four days all discharge had ceased. On the sixth day the patient was dismissed cured.

It is not at all uncommon to find the sinus of an alveolar abscess venting itself somewhere on the cheek. This is too frequently the result of inviting the matter to the surface by the warm applications made to the side of the face. When pus thus seeks the surface it should be vented

from the inside of the cheek. The operation is very simple, and will be successful if the pus should have found its way even so far externally as to have but the skin between it and the atmosphere. Care must, however, be taken not to wound the facial artery or the duct of Steno.

Abscess, associated with the wisdom teeth, sometimes vent in the parotid region; in these cases it is not uncommon to find the orifice of the fistula as low down as the clavicle, the unyielding character of the parotid fascia—a continuation, as it will be remembered, of the deep cervical—compelling this lengthened dissection.

Another, and indeed very curious result of alveolar abscess is the formation of osseous cysts on the side of the jaws; the pus instead of inducing the ordinary absorption is provided for by the expansion of the outer plate of the bone. These cysts give no sense of fluctuation or crackling on pressure; there is no appearance of surrounding inflammation, the soft parts covering them does not differ, in any respect, from the adjoining tissue. I have found such cysts or tumors generally associated with teeth in which the pulps have been destroyed and the fangs filled with metal. They form, sometimes, very rapidly. I have treated them where the cyst has enlarged to the size of a hickory nut in a single week. This rapid growth is particularly diagnostic.

The easiest treatment is, of course, the extraction of the offending tooth; but they may, also, be readily cured by opening them transversely and stuffing the cyst with lint, saturated with tinct. of iodine, or some other stimulant; the cyst is thus obliterated, and the sac at the end of the fang destroyed, through the healthy inflammation which the treatment excites.

These tumors are not to be confounded with the encysted tumors of Paget, of which mention will hereafter be made.

Mr. Smith, in illustrating a lecture on alveolar abscess, notices the following cases from his practice:

A few years ago, he says, a middle-aged man asked his opinion about a fistulous sore which opened on the middle of his whisker of the right cheek. Mr. S. introduced a probe, and finding that it came in contact with the fang of the last molar tooth of the upper jaw, persuaded the patient to allow him to extract it, on the promise that he should be well in a few days. On the tenth day the gentleman wrote, by post, to say, that the discharge ceased the day the tooth was extracted, and that, at the time of writing, it was perfectly well.

He relates the case of a young woman who came under his charge at the infirmary, with a fistulous sore in the fore part of the throat, within an inch of the sternum. It had been discharging upward of a year. On probing it, the instrument could be passed in the direction of the molar of the lower jaw on the left side. On inquiry, the patient said that eighteen months before she had a tooth drawn, but the fangs had been left in the jaw. Afterward an abscess formed, which descended lower and lower until it burst midway between the sternum and pomum Adami. Mr. S. extracted the stump, it still discharged for a week, when it got well without other treatment.

Mr. S. alludes, also, to a case where a horse had been condemned to the knocker's yard, as being afflicted with glanders, having a foul offensive discharge of purulent matter from the nostrils, and being in the last stage of emaciation. A veterinary surgeon, finding that it could not masticate its food, examined its mouth, and detecting a carious tooth in the upper jaw, extracted it. The discharge ceased; the horse soon began to thrive, and got well.

Mr. Fleischman (*British Medical Journal*) relates the following example:—"Miss Rose S., a little girl, aged five years, had been troubled about three months with a constant, though not profuse, discharge of slightly-purulent mucus from the right nostril; it appeared to be the sequel of a cold. The mucous membrane, so far as it could be examined, was healthy, and there were no indications of any morbid growth. She was ordered a strong injection of gallic acid, and took, concurrently, small doses of the sesqui-chloride of iron. The only advantage she derived was that the discharge lost its purulent character; in amount it remained about the same, though the treatment was long persevered in and other local astringents tried. I suspected," says Mr. F., "there must be some undiscovered local irritation. Not being able, on careful examination, to find anything wrong in the nasal passages I looked to the condition of the teeth, and finding the right upper canine carious, removed it. The discharge was much lessened on the next day, and, in the course of a day or two, disappeared altogether."

Mr. Fleischman, although he does not see

that his case is simply one of alveolar abscess, but offers it as "a good illustration of reflected irritation," truly remarks, that it "teaches us that the *fous et origo mali* is not always just where we might expect to find it."

I have had, in my own practice, several cases where the pus of an alveolar abscess discharged itself from the nares; but the disease, in every case in which I have seen it, where the sinus passed in such direction, was associated with the central incisor teeth.

These few pages, and these few examples, will, I trust, illustrate with sufficient clearness this particular lesion, and serve to place the practitioner on his guard when such anomalies may present.

(*To be continued.*)

Hysteria: Treatment by Veratrum Viride.

By G. M. Staples, A.M., M.D.,
Of Dubuque, Iowa.

There are few diseases, probably, to which the physician approaches more reluctantly than to hysteria. An affection of comparatively slight gravity, it nevertheless often occasions great alarm among friends from the violent manifestations of its presence, while it may annoy and discourage the medical adviser by the obscurity of the causes which develope the morbid excitability of the nervous system, and by the pertinacity with which it not unfrequently resists the most approved modes of treatment.

This, of course, cannot be predicated of the disease where the exciting causes of nervous exaltation are plainly obvious. If plethora, anæmia, defective moral education, and sedentary life, gastro-intestinal irritation, uterine disturbance, or peripheral irritation, as curiously illustrated by Brown-Séquard, exist in the hysterical constitution, the appropriate treatment is suggested, with usually satisfactory results. But instances are not wanting where the causes which have awakened the dormant nervous excitability, culminating in an hysterical paroxysm, have disappeared and yet the morbid phenomena remain. Trivial and unavoidable every-day occurrences, of whose presence the system would not ordinarily take cognizance, are now sufficient to induce the paroxysms. In such cases treatment often proves unsatisfactory, while the attending physician finds himself supplanted, it may be, by some worthless quack.

Amid the general functional disturbance, vascular excitement plays an important part. Palpitation often either precedes or accompanies the attack; sometimes it alone constitutes the paroxysm. The emotional stimuli, fear, anger, jealousy, surprise, etc., acting upon a highly-impressible nervous organization in which the hysterical habit has been, from whatever cause, developed, disturb the circulation, which in turn reimpresses the cerebro-spinal and ganglionic systems. The morbific circle is thus complete, and the convulsive paroxysms gauge the susceptibility of the system and intensity of the impression. Dr. Conolly, in his excellent monograph upon this subject, admits that few impressions, capable of inducing nervous phenomena, fail to produce palpitation; and such impression or other causes may act first on the heart and arteries, and through disorder excited in them, lead to irritation in the brain and nervous system. Dr. Whytt alludes to an hysterical epidemic in the Island of Zetland, chiefly affecting young, unmarried females, in which the first symptom was violent palpitation. The patients then fell to the ground, and became convulsed, with impeded respiration.

We therefore think that an important indication in the treatment of this condition of the disease is to control the circulation by cardiac and arterial sedatives. Dr. Parry cites a case where the convulsive motions in a young female were finally arrested after other treatment by compression of the carotids.

Now it is questionable whether we have an article in the materia medica at all comparable with the veratrum viride as a cardiac sedative. The following case is added, where it was used with apparently decided advantage:

I was consulted on the 29th of November last by Mrs. P——, aged twenty years, for fits, as she expressed it. She was of highly-excitable nervous temperament; blue eyes, light hair, and, when in health, attractive and vivacious. Four months previously, during her catamenia, she received a fright, occasioning suppression and convulsions. The convulsive attacks occurred sometimes daily, though occasionally they would appear but once or twice for a week. Her menstrual flow returned in six weeks, and continued normal in time and quantity, yet the paroxysms increased in frequency and intensity down to the period of her consultation. She was just recovering from an attack in which, as her mother informed me, the convulsions continued almost uninterruptedly for sixty hours.

Three or four excellent physicians had treated the case with emmenagogues, antispasmodics, ether, chloroform, tonics, cathartics, counter-irritants. She had been sent into the country without benefit, and the most approved modes of treatment were exhausted upon her. The protracted and severe disturbance had begun to leave marks of constitutional suffering. The pulse was accelerated, and the mother informed me that immediately preceding the attacks her face would deeply flush. A placebo was prescribed, with the request that I might be called at the commencement of the next paroxysm. In the evening a messenger hastily summoned me to the house, where I found my patient in severe hysterical convulsions, requiring three or four attendants to keep her upon the bed. There were clonic spasms of the anterior and posterior muscles of the body; croupal respiration; tumultuous action of the heart; in short, all the symptoms of violent hysteria. During a lull in the paroxysm, I succeeded in getting down a teaspoonful of the fluid extract of lobelia, which speedily produced emesis, with an amelioration of the symptoms. She was then immediately put upon Tilden's fluid extract of veratrum viride, six drops every two hours. After the third dose she was well under its influence, when it was reduced to four drops three or four times a day. All paroxysmal disturbance disappeared after the second dose. On the second day a cathartic was administered, and after its operation it was found necessary to suspend the veratrum on account of the violent catharsis kept up. Counter-irritation along the spine was resorted to, as some tenderness was detected between the scapulæ. The veratrum was suspended two days, when a return of the hysterical paroxysms took place. It was immediately resumed, and continued three weeks in such quantities as the system would bear. As there was no further return of the disease, the veratrum was then discontinued, and now, after five months, there has not been, to my knowledge, a single hysterical symptom.

Allow me to add, in conclusion, that my experience, somewhat extensive in the use of this article, does not correspond with the observation of Dr. Otterson in the last March number of the *American Medical Monthly*, "that veratrum is not cathartic AT ALL!"

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A Board of Medical Officers will convene at the Naval Hospital, New York, on the 1st of June next, for the examination of candidates for admission into the medical corps of the navy.

EDITORIAL DEPARTMENT.

PERISCOPE.

EFFECTS OF TOBACCO.

This subject is attracting much attention from the profession of Great Britain. Mr. Keith Macdonald writes as follows to the *Lancet:*

"After being addicted to the use of tobacco (from the common pigtail to the finest Latakia) daily for the last ten years, I have arrived at the following conclusion: that the habitual use of tobacco in any shape is extremely injurious to the human system; and that in nine cases out of ten it produces disease sooner or later. After experimenting extensively on myself and others, I found it give rise to the following symptoms: on receiving an ordinary dose, the mouth and fauces became excessively dry, with intense thirst; then the eyes got into a heavy, sleepy condition, sometimes accompanied with a twitching of the eyelids; the face became deadly pale, with loss of expression; and sometimes vertigo or palpitation supervened. But by far the most frequent disease produced by it is dyspepsia, with loss of appetite. I find that three-fourths of the cases of dyspepsia that come under my notice occur in smokers; and, previous to my abandoning the habit, I was upon the same list, but now dyspepsia (which had been troubling me for many years before) has entirely disappeared, and I feel vastly improved, both mentally and bodily.

"Perhaps a few words on the general effects of tobacco may not be out of place. As I wish to deal plainly with facts, I shall follow neither extreme. I cannot say that I quite agree with those who affirm that all smokers are dunces, neither can I coincide with those who hold smoking to be innocuous; on the contrary, I think that the keener the imaginative and perceptive faculties (though we meet with exceptions) the more apt are such persons to be led to practice this vice habitually. But there can be little doubt that it does stupefy after a time, even in minute doses. Owing to the severe shocks which the circulatory, digestive, and nervous systems are habitually receiving, it can scarcely fail to produce disease in one or all of these systems. I have frequently resorted to smoking as a stimulant, but invariably found it to produce the opposite effect; and I have seen the same result in several other cases."

CONSERVATIVE SURGERY.

Mr. George Bolster communicates the following to the Dublin *Medical Press:*

"Conservative surgery being a subject of paramount importance, I am induced to hope that the following case, unknown, perhaps, to many of your readers, and coming from the highest and most unquestionable authority, may not be deemed unworthy of a place in your scientific journal. The case appears *unique*, and demon-

strative, in no small degree, of the *vis medicatrix naturæ*, which is nothing more than that tendency to an equilibrium constantly exercised in all living bodies, and which constitutes one of its primitive laws. In the Life and Opinions of General Sir Charles James Napier, G.C.B., by Lieutenant-General Sir W. Napier, K.C.B., vol. iv., Sir Charles says:

'"Hunter, (General,) who is here, told me a curious thing. Showing me a large sword, which cut off his arm at Burthpoor when leading the assault, he said, that on the rampart a giant, in complete armor, whirling this sword, met him. Hunter held his sword up in defence, but, to use his own words, the giant sent it with a *whirr* into the air. Hunter then held up the scabbard, but the blow went through it and his arm, just below the elbow, leaving merely *a bit of skin uncut*. He fell sitting, and held his severed arm in his right hand, while an officer tied a sash above the wound to stop the hæmorrhage: then a surgeon came up, put the *two ends together* and tied them, *and they united.*'

"In the annals of practical surgery I know not a similar well-authenticated case, and were any excuse wanted for bringing it forward, I might plead the fact, that a case of apparently much less interest, *sic parvis componere magna*, is thus reported in the *Journal Hebdomadaire de Médecine:*

'"Rozelli Baptiste (Jean,) âgé de 21 ans, garçon, patissier, avait toujours joui d'une parfaite santé,' etc., 'had the ungual portion or last phalanx of the thumb completely severed with a knife. The separated part was reapplied after half an hour and twenty minutes. Union, cicatrization, and cure, with perfect sensation in the extremity of the thumb.'

"Now the most remarkable incident in this case appears to be the length of time that elapsed before the reapplication of the severed part."

ON THE ACTION OF CANNABIS INDICA.

On the action of the Cannabis Indica, (Indian Hemp,) Dr. Charles A. Lee uses the following language in the *Journal of Materia Medica:*

"The action of hemp on man is so various that when we read the several descriptions given, differing so widely, we would scarcely suppose we were considering the same agent; but it is, perhaps, no less remarkable than the every-day exhibitions we witness of alcohol, with which, being more familiar, we give less attention. The great variety of phenomena presented in the use of the latter, according to the natural disposition or temperament of the person, and the condition of mind, as well as to the quantity, alternately elevating or depressing in its effect, or producing the extreme of kind or brutal emotions, can, to a certain extent, be observed in the other.

"The mental phenomenon upon a subject possessing an imaginative faculty in a high degree, when fully developed, is exceedingly interesting and curious. One writer describes it as follows: 'When it first begins to act, the effects of the *Haschisch* may be considerably diminished, or altogether checked, by a firm exertion of the will. By degrees, however, the power of controlling at will, and directing the thoughts, diminishes, till, finally, all power of fixing the attention is lost, and the mind becomes the sport of every idea which arises within itself or is forced upon it from without. We become the sport of impressions of every kind. The course of our ideas may be broken by the slightest cause. We are turned, so to speak, by every wind. By a word or a gesture our thoughts may be successfully directed to a multitude of different subjects with a rapidity and a lucidity which are truly marvelous. The mind becomes possessed with a feeling of pride corresponding to the exaltation of its faculties, which it is conscious had increased in energy and power. The slightest impulse carries it along.

"'The errors of perception, in regard to time and place, to which the person is liable during the period of fantasia, are remarkable. Minutes seem hours, and hours are prolonged into years, till at last all idea of time seems obliterated, and the past and the present are confounded together.'

"M. Aubert describes the influence upon him in the following language: 'I was engaged in conversation when I felt a prickling sensation in my feet, and in my head a stricture which gave way suddenly, and my skull seemed empty. Every object wore a new aspect; my companion's face assumed a grotesque expression; I burst out a laughing and continued to laugh for almost an hour. The merest trifle renewed my mirth. Meanwhile the most varied and whimsical ideas coursed swiftly through my mind. I experienced the most perfect sense of comfort. For me there was no longer past, present, or future; the fleeting moment limited my whole existence. Then followed a calm, and sleep stole over me. The whole night was but one long delightful dream. On awaking, I remembered perfectly all that had taken place, and my head was not heavy nor my mouth dry, as it would have been after a debauch in opium or wine.'

"Dr. Christison relates the following concerning hemp: 'On trying Mr. Robertson's extract once for toothache, I found that about four grains taken about 3 A. M., caused in an hour cessation of pain, a pleasant numbness of the limbs, giddiness, a rapid succession of unassociated ideas, and impossibility to follow a train of thought, frequent intervals of sleep, and slight increase in the force of the pulse. Next morning there was an ordinary appetite, much torpidity, great defect and shortness of memory, extreme apparent protraction of time, but no peculiarity of articulation or other effect; and these symptoms lasted until 2 P. M., when they ceased entirely in a few minutes after

taking lemonade. * * * On another occasion, I took one grain of the extract dissolved in spirit. I felt a peculiar numbness creeping through my body and limbs. On lying down, the numbness continued, but in fifteen minutes my sensations became agreeable. I laughed heartily several times, answered questions incoherently, and immediately forgot what they were about and what I had answered. Delightful reveries came over me, and whatever I looked at became lost, as it were, in a maze; the lamp appeared to be slowly turning round, and when I lost sight of this the red lines on the paper of the room appeared to intertwine in a most beautiful manner. The most remarkable effect was the constant succession of new ideas, each of which was almost instantly forgotten. When roused to tea, I ate ravenously without feeling satisfied. I slept soundly at night, afterwards, and the next day was stupid and forgetful, but was much improved by drinking lemon-juice.' * * *

"Dr. O'Shaughnessy describes a singular form of insanity, occasioned by an incautious use of the hemp, and which is as singular as the delirium tremens by the prolonged use of spirituous liquors. He says it is at once recognized by the strange balancing gait of the patient, a constant rubbing of the hands, perpetual giggling, and a propensity to caress and chafe the feet of all bystanders, of whatever rank. The eye wears an expression of cunning and merriment which can scarcely be mistaken. In a few cases the patients are violent; in many highly aphrodisiac, in all that we have seen voraciously hungry; there is no increased frequency of circulation, or any appearance of inflammation or congestion, and the skin and general functions are in a natural state.

"Dr. Hooke, in his paper upon Indian hemp, in 1689, notices the various odd tricks shown by persons while under the influence of this plant, and says that when this condition subsides the patient finds himself *mightily refreshed and exceedingly hungry*.

"As an anæsthetic, it relieves pain, and may be employed as an anodyne. Mr. Donovan found that under its influence his sense of touch and feeling gradually became obtuse, until at length he lost all feeling unless he pinched his arm severely.

"In larger doses it produces a cataleptic condition, in which the muscles are moderately contracted, but flexible and pliant, and the limbs retain any position or attitude in which they may be placed. Dr. O'Shaugnessy gives an interesting case of this kind.

"It does not appear to affect the secretions much. The testimony is strongly in favor of its increasing the appetite, and very little that it causes nausea. It neither causes dryness of the tongue nor constipation of the bowels; and its effect upon the bronchial secretions is beneficial than otherwise.

"Its habitual use is said, by Dr. Stille, to produce consequences no less mischievous than are produced by alcohol and opium; the face becomes bloated, the eyes injected, the limbs weak and tremulous, the mind sinks into a state of imbecility, and death by marasmus is the ultimate penalty for the overstrained pleasures it imparts. We are not acquainted with any case of death directly resulting from the poisonous action of cannabis; but several are recorded which illustrate its effects in excessive doses.

"We shall now consider, as briefly as possible, the diseases for which it has been employed, under their several heads:

"*Tetanus.*—Dr. Christison states that Dr. O'Shaughnessy treated several cases of tetanus with apparent success. In one, ascribed to cauterization of the hand by a quack mixture of incandescent charcoal and tobacco, a state of intoxication was excited by large doses of the extract of hemp, and the spasms were gradually put an end to; but death ensued in the end from mortification of the hand. Another patient consumed one hundred and thirty-four grains of the extract, and was ultimately discharged from the hospital cured. A third case, with similar results, is detailed. At the Native Hospital, in Calcutta, Mr. O'Brien treated seven cases of tetanus, and in four of them he employed ten grain doses. The result was almost immediate relaxation of the muscles, and interruption of the convulsive tendency. Four of these cases recovered. A case in the practice of Mr. Richard O'Shaughnessy is also detailed, where the disease was connected with suppurating wounds of the scrotum. The hemp had no effect for four days, and then the patient became tranquil, with fewer paroxysms, and the appetite good. When the hemp was intermitted, the symptoms became aggravated; latterly the hemp caused much excitement, and was therefore discontinued. The last case is one of infantile convulsions, where very large doses were given, and where the narcotic action greatly relieved the symptoms. The child recovered. This gentleman is confident that the resin is capable of arresting the progress of tetanus, and that, in a large proportion of cases, it will cure the disease.

"It would certainly appear from the above facts, that Indian hemp has proved of service in the treatment of tetanus, as it occurs in India. How far this result has been obtained in Europe, I shall now describe.

"That I may not extend my observations to too great a length, I shall limit my remarks to the treatment of tetanus, as observed in cases in private practice, and in the Edinburgh Royal Infirmary.

"Prof. Miller has provided me with the following remarks:

"'My own experience speaks loudly in favor of the hemp. I can now record three fortunate cases under its use—all traumatic tetanus—and

a case which proved fatal, but where great alleviation of suffering was produced.

'The first of these was a girl, aged seven, admitted to the Royal Infirmary October 18, 1844. She had received an extensive injury of the middle finger of the right hand a fortnight previously. Inflammatory swelling and pain became intense, and there was a tendency to spasmodic flexion of the fingers and wrist. On the 23d she was observed by the nurse to take 'a kind of fit,' becoming rigid, having difficulty in opening the mouth and in swallowing, and complaining of pain in the jaws. At visit, she seemed perfectly well. A brisk purge was ordered, and, lest the case should prove tetanus, ten drops of tincture of hemp were prescribed to be taken every four hours. Next day the symptoms were well marked without any influence from the hemp. The finger was then removed, and the simplest dressing applied to the wound. The dose of hemp was increased to twenty drops, and after five doses, she slept; but the following day the symptoms were aggravated. Turpentine enema was ordered, and ice to the spine—thirty drops of cannabis to be given hourly. In the evening there was rigidity, but no spasm; the hemp to be given every half hour; after which she became drowsy, and at twelve next day she was much improved. Aconite was now substituted; but as the spasmodic attacks became more severe, hemp was again given, with the effect of producing sleep. She continued to improve till the 25th November, the dose of hemp being gradually reduced; producing, when given, drowsiness, or calm sleep; it was soon discontinued, as it then seemed to excite the circulation. Throughout the whole period of its use, its effect on the appetite was most obvious, the craving for food being at times absolutely voracious. After this no more medicine was given and recovery was complete.

"'The second case, occurring in private practice, was that of a boy, about the same age, who had simple fracture of the thigh, with compound and comminuted fracture of the great toe. The treatment and result were the same.

"'The third was a boy, rather older, who had compound fracture of the bones of the arm. Treatment again resulted in cure.

"'In these cases a few doses generally induced sleep, with marked mitigation of the spasms. The period of narcotism did not exceed two or three hours; the sleep was deep and unbroken, and seemed to be refreshing. It was followed by no headache, or other apparent inconvenience. The most remarkable effect observed was the tolerance of the remedy, whereby a girl, aged seven, took every half hour, and sometimes many hours in succession, doses of hemp sufficient to narcotise an adult.'

"In these cases, Mr. Miller is inclined to give the hemp credit for a chief share in the cure.

"In 1846 the virtues of hemp were tested in a case of tetanus in the Royal Infirmary, in the wards of Dr. Duncan. In 1847 another case presented itself, where hemp was administered. At that time sulphuric ether was much used as an anæsthetic, and it was thought probable that it would be of service in this case. The patient inhaled it at frequent intervals during a whole afternoon, with decided but only temporary relief. After this cannabis was given, without its physiological action being attained by nearly an ounce and a half of the tincture; it was not persevered with. Ether was again tried, and also opiates with some benefit. The patient died on the thirteenth day.

"The first of these cases was very accurately observed, and the following report of the case, from the journal, will be found to have considerable interest:

"James Mackay, a railway laborer, was admitted under the care of Dr. Duncan, October 20, 1846. He had received a slight lacerated wound of the hand a week before, and tetanus had commenced on his admission. The wound appeared to be healing. He complained of great uneasiness, particularly about the neck and spine, of some rigidity of the jaws, which could only be separated three-quarters of an inch, of inability to protrude the tongue, and of commencing spasm of the neck and upper part of the back. He complained also of a 'burning about the heart.' His expression was anxious with but little 'risus.' His thirst was great, but swallowing difficult. He perspired profusely. The spasms, of short duration, recurred once or twice every minute; pulse, one hundred and fifteen to one hundred and twenty, soft. Opening medicines were ordered, and at eleven o'clock tincture of hemp was given, repeated in doses of fifteen or twenty drops, with appreciable effect. On the 21st the bowels were not opened, though a turpentine enema was administered. The spasms were more violent and general, and a touch caused general spasm. He had not slept; one hundred and twenty to one hundred and forty drops had no effect. The doses were increased to sixty or eighty drops every three quarters of an hour, and croton oil was given, producing free action of the bowels; and in the evening the spasms abated, but the hemp caused only slight dozing at intervals. The tincture was ordered to be continued, and strong beef-tea to be drunk.

"On the 22d swallowing was easier, the spasms less violent, but not less frequent; one hundred drops were given at half-past eleven, and continued about every half hour till four o'clock, when drowsiness was quite decided; he was not readily roused, even by the spasms, which, though as frequent, were not so intense. At nine o'clock drowsiness was passing off; copious stools, colored as by the medicine, were brought away by injection; one hundred and thirty drops were given, and repeated at midnight, at which time he was much relieved, but suffered from cough. On the 23d the spasms

were again gaining strength, no hemp having been given for nine hours. A drachm of the tincture was given, and repeated at eleven, when he became quiet. The doses were continued till evening, when he took mince-collops and beef-tea without difficulty, and the bowels were copiously relieved.

"On the 24th, at visit, the spasms were absent, but the chest symptoms were worse, with general mucous râle, and frothy sputa mixed with blood. Drowsiness had been kept up by doses of a drachm to a drachm and a half. In the evening he was much weaker, but quite sensible, with a desire for food. On the 25th he was perfectly free from spasm, but was evidently dying from accumulation of mucus in the chest. Very little hemp was given. He died at eight P.M.

"In this case six ounces of O'Shaughnessy's tincture of Indian hemp were given in all, being equal to one hundred and forty grains of the extract. The extract for the tincture was reputed the best in Edinburgh. The doses at first were evidently too small. The examination of the body was not permitted.

"It is a safe conclusion, from these facts, that Indian hemp deserves further trial in the tetanus of Europe, as well as in that of hot climates. I would particularly urge, however, the necessity in all such trials, of making certain, by experiment on healthy persons, that the preparation to be used is good. For the present there is no other satisfactory test of quality."

ON THE ACTION OF VERATRUM VIRIDE.

In an article on Alteratives in the *Journal of Materia Medica*, Dr. Charles A. Lee speaks as follows of the action of veratrum viride:

"I know it is believed, by many, that veratrum controls or extinguishes the disease, but facts do not sustain this opinion. No series of well-conducted experiments with this remedy, in the various affections for which it is lauded as a specific, have yet been made; and in the published cases, other powerful medicines have generally been associated with it. No one seems to have been willing to rely on it alone. Dr. Barker, of New York, has made trial of it in child-bed fever, or puerperal peritonitis, in connection with powerful stimulants, evidently fearing that its sedative action might prove disastrous in this disease; and, with this important modification, he reports favorably of the remedy in this disease. Prof. Simpson, of Edinburgh, also seems inclined to endorse this treatment, without, however, any experience of his own. It is very probable that veratrum may thus be given with comparative safety, and, we doubt not, with far better curative results, than when given alone; but it may well be questioned how far the two remedies are medicinally compatible. Blood-letting and stimulants may, it is true, be often conjoined with great advantage; thus exciting and aiding the circulating powers, while, at the same time, we lessen the quantity of circulating fluid. In this way, some congestions may often be effectually relieved; but to combine medicinal or drug stimulants and sedatives is quite a different thing, and of far more doubtful propriety; for if the veratrum lowers the action of the heart, stimulants exalt it—the one neutralizing the effect of the other. If the quieting influence over the heart were due solely to the narcotic powers of the drug, the union of stimulants with it would not be irrational or unphilosophical; but we have seen that this is very improbable, to say the least.

"In cases where we administer brandy or other spirits, for the purpose of preventing the dangers incident to the use of chloroform, it is to be borne in mind that the anæsthetic influence of the latter is due to the narcotic power, and that the stimulant merely counteracts the sedative properties, while it does not interfere with the production of insensibility. The difference between veratrum and chloroform, in these respects, is sufficiently obvious; the supposed analogy does not exist.

"The same objections will apply to veratrum as have been brought against aconite, namely, the difficulty of regulating its effects, and its dangerously-depressing influence, even in small doses. From what we have seen and known of its use, we have little doubt that it has caused more deaths in one year than chloroform has since its discovery; and the cause of death has been scarcely less apparent. Even chloroform may, with great care and constant supervision, be so used as to keep the pulse steadily depressed to sixty, or even forty, in a minute, as Prof. Simpson states he has often done; and many practitioners have used it, as they state, successfully in pneumonitis, pleuritis, and other inflammatory diseases, as a sedative and substitute for blood-letting.

"So aconite, colchicum, sanguinaria, digitalis, and veratrum album, have had their day as anti-phlogistics; experience has amply weighed their merits; and their doom, as substitutes for blood-letting, has been sealed. None of them can compare with antimony, in acute inflammatory affections; which, while it sufficiently reduces the force of the circulation, has vastly greater power in unlocking the secretions, and eliminating morbid material from the blood. It is, moreover, to be constantly borne in mind that diseases which are most malignant and dangerous are zymotic, or proceed from causes which remarkably depress the powers of life, and either suppress or disorder the depurating functions. Hence, it may be inferred that, although the specific cause produces effects which are constant and specific, the resulting changes on the blood, especially when heightened by vital depression and impaired excretion, increase the malignancy of the malady, and often either occasion or hasten

death. To counteract these changes, we must endeavor,

"1. To support, promote, or restore vital power, as far as possible.

"2. To correct or neutralize the morbid materials or elements formed or accumulated in the blood, in the progress of or antecedent to the full development of the malady; and,

"3. To promote or restore the several excreting or depurating functions.

"These various indications require corresponding remedies; as cordials, stimulants, depurants, as cathartics, diaphoretics, diuretics, possibly, in some cases, emetics; but, certainly, veratrum cannot be our sole or principal reliance. Should there be great nervous excitement present, as manifested by a pulse of abnormal frequency, etc., then the removal of the causes of this condition must be preliminary to our attempts to allay the excitement, whether it be nervous or vascular, by special means. It may be that sedatives, anodynes, or anæsthetics, may be required, but in many of these cases of abnormal, vascular, or nervous excitement, stimulants, anti-spasmodics, or tonics, will be found to fulfill the indications most successfully, and especially if debility or exhaustion be present.

"Where nervous excitement is attended with increased vascular action or local determination, and is a consequence of vascular disorder, then, what are called anti-phlogistics are indicated, it may be aided by anodynes or narcotics, according as there may be pain, spasm, want of sleep, etc., present. But it is mere quackery to resort to veratrum as the grand panacea in such cases. We admit the propriety and necessity of allaying excessive vascular action, in all cases, but we insist on doing it in the safest and best manner; and, in order to do this, we must carefully examine its causes, manifestations, state of the secretions and excretions, the indications of vital power, the conditions of the circulating fluids, as far as they are indicated by the pulse, color of the surface, of the lips and tongue, and extremities; we must decide as to the diathesis of the malady,—whether sthenic or asthenic, dynamic or adynamic,—and then we are prepared to form an opinion as to the indications and means of cure. If the diathesis be sthenic, characterized by symptoms, as a strong, full pulse, heat of skin, etc., indicating salutary reaction, neither impairment of organic, nervous, or vital power, nor contamination of the fluids, anti-phlogistic and febrifuge measures are to be employed, possibly blood-letting, but especially substances which promote the secretions and excretions, by which the circulation becomes equalized, and vascular action reduced. But, on the contrary, if the diathesis be asthenic, the vital powers depressed or exhausted, the blood poisoned by infectious or injurious elements, or materials which excite the vascular system, then we are to support, promptly, the vital energies by suitable aliment and appropriate stimulants, promote the secreting and depurating functions by proper eliminants, and correct or counteract the morbid states of the blood by such agents (as chlorate of potash, ammonia, camphor, alcohol, quinine, iron, etc.,) as, when absorbed, have been found, by experience, best calculated to accomplish these purposes.

"These remarks find abundant illustrations in all the eruptive fevers, as *small-pox*, *measles*, *scarlet fever*, *pyogenic fever*, *typhoid and typhus fever*, *diphtheria*, *etc.* The advocates for the use of veratrum in many of these affections would seem to overlook the plainest and best established principles of pathology, and reduce the science of medicine to a purely empirical art. Its administration, in most of these diseases, would be in opposition to all sound pathology, and would effectually extinguish all the recuperative powers.

"It is unnecessary to notice the objections to the use of veratrum in *scarlet fever*, *dysentery*, *erysipelas*, and other zymotic affections of impaired vital force, for which it is recommended, as they are the same already adduced against its employment in *typhoid fever*. In all diseases of this class it is strongly contra-indicated. In *puerperal convulsions*, for which its specific properties are extolled, we have a far more successful agent in chloroform; and, in *dysmenorrhea*, the well-known and far safer combination of camphor and hyoscyamus is preferable. In *child-bed fever*, often, at least, a pyogenic affection, we should be quite unwilling to exchange opium for it; and in every form of *mania*, if anodynes or hypnotics are indicated, we should vastly prefer morphia, henbane, chloroform, or cannabis. Perhaps there is no class of diseases for which the American Hellebore has been so extensively used by New England practitioners as the *arthritic inflammations*, particularly *gout* and *rheumatism*. * * *

"As to its use in *dysentery*, in which disease Dr. Tully thought favorably of its effects, we have had no personal experience; and we should be unwilling to relinquish other well-known remedies, of whose beneficial influence we are fully persuaded, to trust to experiments with this. There is nothing in its physiological action to recommend it in affections of this kind. The same may be said of its use in *yellow fever*, for which it has been given by Dr. Fenner, and other physicians, at the South. The statistics, thus far, of cases treated by it, by no means present such favorable results, as to justify its recommendation in this disease. * * *

"Some writers speak of the veratrum as a powerful *nervine;* but it has none of the properties of such an agent. Nervines, properly so called, stimulate the nervous centres and exalt the vital forces; hellebore has precisely the opposite effect. We can readily understand how, in *mania* and *epilepsy*, attended with exal-

tation of the nervous functions, and morbid irritability and sensibility, such a remedy might prove beneficial; and the white hellebore was held in considerable reputation, in such diseases, among the ancients. * * *

"*Administration.*—Powder, solid extract, fluid extract, tincture, infusion, wine, decoction, ointment, lotion.

"The *powder* is seldom used. The freshly-powdered root, kept in dry sand in tight boxes, is sometimes given in doses of two to six grains, combined with opium or some aromatic. The *solid extract* has been used a good deal by New England practitioners, made by expressing the juice of the recent root, and inspissating in the sun. Thus prepared, it is hard and dry, of a greenish color, and capable of being reduced to an impalpable powder. Medium dose, from one-fourth to one-half grain, repeated every four hours. This preparation has been kept three years without losing any of its strength. The *fluid extract*, of Tilden's make, perfectly reliable, is now kept in all the shops. Dose, for an adult male, four drops, to be given every three hours, increasing one drop every portion given, till nausea or vomiting ensues, or the pulse is reduced to sixty-five or seventy beats in a minute; adult females and males, from 14 to 18, begin with four drops, and increase as above; children from one to two years of age, begin with one drop and increase half a drop only. When nausea or vomiting ensues, or the number of the pulse is sufficiently diminished, reduce the dose one-half in all cases, and continuing no longer than necessary to control the disease. Give in a little sweetened water, and use mucilaginous drinks freely.

"The proper antidotes, when an overdose has been taken, are, strong coffee, brandy, ammonia, and opium, with demulcent drinks. To allay the vomiting, morphia, given in syrup of ginger, answers the purpose very well. The *tincture* is preferred by many, as it is supposed to keep better; and, in order to ensure uniformity, it should be *saturated*. Dr. Norwood's tincture (so called) is made with eight ounces of the dried root, and a pint of officinal alcohol: maceration being continued two weeks. Drs. Osgood and Tully prepared the tincture with six ounces of the fresh root to a pint of diluted alcohol. *Dose* of the saturated tincture, from four to six drops. Norwood combines equal parts of the tincture and syrup of squills, or simple syrup, and begins with from four to six drops of this mixture, increasing one to two drops every dose, every three hours, till the pulse is sufficiently reduced. Every physician should prepare his own tincture. The effects are to be closely watched; should nausea or vomiting occur, suspend the remedy. The *infusion* is prepared with one drachm fluid extract to eight ounces water. Dose, two to four drachms. The *wine* is made with four ounces fluid extract to one pint of sherry wine. Dose, twenty to forty drops. *Ointment;* veratrum root, powdered, two ounces; lard, eight ounces; oil of lemons, twenty drops. M."

REVIEWS AND BOOK NOTICES.

A Treatise on Human Physiology. By John C. Dalton, Jr., M.D. Philadelphia: Blanchard & Lea. 1861.

We are glad to see that the medical profession has so properly appreciated this most useful compendium for practitioners and students who have not time or inclination to wade through the large tomes put forth by erudite trans-Atlantic professors, or the elaborate monographs of various portions of the science, which are now being so constantly contributed by the active workmen who are so sedulously following each his own track of experimental research, even if the latter were within the reach of the majority of us. Prof. Dalton's work may be safely taken as the condensed expression of nearly all the positive results thus far obtained by the labors of the physiologists of the present century: and we are glad to see that he has so revised and enlarged the present edition as to make it far more valuable than its predecessor. Beside introducing chapters on the physiology of the special senses and on endosmose, and large additions to those on the nervous system, he has frequently remodeled and enlarged paragraphs which were obscure from their brevity. More especially do we notice this in the chapters on Digestion, etc.

There are a few points, however, in which we think improvements might still be made. Thus, we are sorry to find Dr. Dalton holding such loose views of *vital* phenomena as to include under that head *all* phenomena occurring in living bodies. One of the greatest and most positive advances in the physiology of our times over that of our predecessors consists in the elimination of physical and chemical phenomena from the mass of actions which are taking place in the body, and in studying them in accordance with the laws of their respective forces. To argue, as he does, that the action of the larynx cannot be properly compared with that of any other known musical instrument, because the entire apparatus and the sounds produced by it are peculiar, is plainly unreasonable: the same argument would prevent us from applying the laws of acoustics to the sounds produced by two different musical instruments, such as the trumpet and the violin.

This leads us to speak of Dr. Dalton's greatest defect: which is, that he simply describes the phenomena presented, without attempting to refer them to the forces which produce them, or to elucidate the laws according to which those forces act. In so doing, he avoids the debatable ground of modern physiology, it is

true, but he does not give us all of what may at present be considered as gained from the unknown. Some, we know, will consider this reticence of his as entitled to high praise: we must acknowledge, however, that we should, ourselves, have preferred a clear statement of his views on the matter. We notice, also, that he ignores entirely Corvisart's views of the pancreatic juice, and maintains that the gastric secretion continues to act after it has passed into the intestines: he believes that biliverdin is formed in the liver, instead of being formed in the blood, as the result of the disintegration of the blood-corpuscles; and pays very little attention to the late English experiments on glucogen. On the whole, however, we can highly commend the work as worthy of careful perusal and study.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 18, 1861.

ENCOURAGE INVESTIGATION.

It is much to be regretted that so little is done in this country to encourage original research in subjects pertaining to medicine and surgery. While in England and on the Continent of Europe, more particularly in France, thousands of dollars are annually paid to the medical profession in prizes for works on medical subjects, which works constitute a very important part of the medical literature of the world, there is scarcely any thing done in this country worthy of the name. The little State of Rhode Island has, we believe, the most liberal prize-fund in the country, and Boston has one or two small funds for the same purpose. These are open to the competition of the whole profession. The American Medical Association also annually offers a small prize, and there are a few instances where, through the liberality of a member of the profession, special prizes to a small amount have been offered. But there is nothing, we repeat, in our country, outside of the ordinary demand made for books that are thrown into the market, that will stimulate a man to exertion in any particular department of medical science, which is at all adequate to the purpose.

Many—we might say most—of those who are earnest laborers in the cause of medical science, and whose labors promise to add to our knowledge, and thus benefit mankind, are poor, while experimental research is often very expensive, requiring costly instruments or *materiel*, besides depriving the ardent investigator after new truths, of the returns that might be expected to flow from a devotion to more practical pursuits.

In Europe, premiums are offered on medical subjects in amounts varying from $20 to $20,000, according to the supposed magnitude of the subject of the prize. The prospect of an ultimate pecuniary reward, at least sufficient to meet actual outlay in the necessary investigation of a subject, would stimulate many a man to make researches who is now held back by the certainty of a heavy outlay, with no prospect at all of adequate compensation. The European prize-funds are generally the proceeds of legacies left by prominent and enthusiastic members of our own profession. These funds are often entrusted to medical societies, and the subjects for competition for the prizes are propounded by them.

We trust that this subject will commend itself to the profession in our country, and that means will be provided for offering liberal prizes for original investigation in the several departments of medicine and surgery. The medical organizations of our large cities, and especially the American Medical Association, might be made the media for announcing these prizes. The original funds put into the hands of these societies would have the effect of giving them a stability and permanence that they do not now possess, there being no *material* interest attached to them, and thus a double advantage would result to the profession.

There is another, a more narrow and selfish, field for the distribution of prizes. We refer to our medical colleges. We do not disapprove of the faculties or friends of our medical colleges offering prizes to those students who distinguish themselves in their general studies, or in any specified branch. And we are glad that, in this connection, we can make honorable mention of the city of New York, several of whose prominent medical men have established funds in connection with the medical colleges, offering, in some instances, very liberal prizes to the student who shall give the best evidence of proficiency in some branch of medicine. Thus

we have the Mott, the Harsen, the Wood, and the Elliott prizes, each of which is earnestly contended for. "All run," even though "but one obtain the prize."

Why is it that Philadelphia, whose medical classes are larger than those of any other city in the Union, has not a single prize fund to stimulate the students in her colleges in their investigations? There is no reason, with her rich medical schools, her renowned physicians, and public-spirited citizens, why Philadelphia should not offer liberal prizes to encourage her medical students in their studies and investigations.

NEWS AND MISCELLANY.

Vinum Sambuci.—Wine of excellent quality is made by Mr. Speer, of Passaic, New Jersey, from cultivated elder-berries. The elder-berries used are of a stock imported from Portugal, which grow almost as large as grapes. The wine is said, by the best judges, to be exceedingly agreeable, and the fruit from which it is made can give it no deleterious quality.

From the luxuriance with which the indigenous elder-berry grows in this country, it seems probable that this fruit, of an improved stock, when cultivated, can be made to yield wine abundantly and cheaply for popular use, and do something toward displacing alcoholic potations.

Mr. Speer, after a course of nine years' experimenting, and making over one hundred different varieties of wine, has come to the conclusion that pure wine made from the Sambucus possesses superior virtues, and has medicinal properties that are more beneficial upon the human system than wines from grape or any other fruit.

Mr. Speer employs a new and improved process of fermentation, which requires four years to complete, being two years in wood and two years in glass.

First year, it is kept in large casks, with valve bungs to allow the gas to escape, and at the same time prevent the oxygen of the atmosphere from coming in contact with the wine.

Second year, racked to small casks and moved to another building.

Third year, drawn off in bottles and piled away in stacks; are then completely covered with sand, which is kept one certain temperament the year round.

Fourth year, they are dug out, the wine decanted in fresh bottles and laid away, being kept in another temperature until the end of this year, when they are sealed, labelled, and packed, ready for shipping.

The principal part of the whole operation is the management of the temperature in the rooms and cellars. Each year, as the wine is drawn off into other vessels, it is moved to a building kept at a different temperature from the previous year, where it is kept uniform during the whole time by means of cool vaults or stoves, as the case and season require, so that, after four years, it becomes unchangeable and ready for market in any climate.

We have just received the following announcement from the Secretary of the Association of Medical Superintendents of American Institutions of the Insane:—"In compliance with the expressed views of a majority of the members of the Association of Medical Superintendents of American Institutions for the Insane, the meeting which was called for June 11, 1861, at Providence, Rhode Island, will be postponed for one year. John Curwen, *Sec.*"

Work on Military Surgery.—Just as we are going to press we have received an announcement from Baillière & Brothers, of New York, that they have a work on Military Surgery in press. The author is Dr. Frank H. Hamilton, well known as an able writer on surgery. The price is $2, sent by mail on receipt of the amount.

Vaccine Anomalies.—There have been many instances recently recorded, some in this journal, of the long incubation of vaccine virus, after its insertion, until the appearance of the vesicle. In some instances the periods have varied from a few months to more than a year, and are well authenticated. The *Lancet* reports a case of *reappearance* of vaccine pustules at the points of original vaccination, after the lapse of more than one year from the time the first vesicles went through the ordinary stages and disappeared.

Bravery of a Medical Officer.—The Queen has been graciously pleased to confer the Victoria Cross on Surgeon Joseph Jee, C.B., 78th Regiment. The acts of bravery are specified below:

Surgeon Joseph Jee, C.B., 78th Regiment—For most conspicuous gallantry and important services on the entry of the late Major-General Havelock's relieving force into Lucknow, on the 25th of September, 1857, in having during action, (when the 78th Highlanders, then in possession of the Char Bah, captured two 9-pounders at point of the bayonet,) by great exertion and devoted exposure, attended to the large number of men wounded in the charge, whom he succeeded in getting removed on cots and the backs of their comrades, until he had collected the Dooly bearers who had fled. Subsequently, on the same day, in endeavoring to reach the Residency with the wounded men, Surgeon Jee became besieged by an overwhelming force in the Monte Mahal, where he re-

mained during the whole night and following morning, voluntarily exposing himself to a heavy fire in proceeding to dress the wounded men who fell while serving a 24-pounder in a most exposed situation. He eventually succeeded in taking many of the wounded, through a cross fire of ordnance and musketry, safely into the Residency, by the river bank, although repeatedly warned not to make the perilous attempt. Dr. Jee has already obtained the decoration of the Bath, and we are rejoiced to see this further recognition of good service done in the cause of humanity by one whose especial duty it is to save life — not to destroy it. We have come at last to appreciate the gallantry and devotedness of the medical service. It was long before they were deemed worthy to receive honors meeted out freely to their brethren in arms. Though often exposed to equal peril, without being sustained by the excitement of battle, they were long condemned to see their comrades honored and rewarded, whilst they themselves were wholly overlooked. This reproach has now passed away from us, and we rejoice in every fresh illustration of the fact. —*Indian Lancet.*

A Medical Sharpshooter.—The *Lancet* says that Dr. Burke Ryan, the surgeon to a rifle regiment, has greatly distinguished himself in rifle shooting, and has been awarded some prizes. The habitual steadiness of practicing surgeons, with their accustomed consentaneous action of eye and hand, should make them good marksmen. Military surgeons, although technically non-combatants, are sometimes obliged to act on the defensive, and a little practice with weapons would be advantageous to them.

DIED.

Logan.—Died, on the 13th of February, 1861, at La Fayette, in the city of New Orleans, Dr. George Logan, aged 83 years, late of Charleston, South Carolina, and father of Dr. Thomas M. Logan, of Sacramento. From the Charleston *Mercury*, of the 21st February, we condense the following obituary notices:

"The death of this venerable and much-esteemed gentleman has recalled to mind his many virtues while living in our midst. The dispatch to his eldest son here states that up to the very day when the earthly tabernacle was dissolved, the deceased, who was of Scotch descent and a native of this city, enjoyed the full use of all his faculties. For the period of forty-four years he was annually elected by the City Council or Aldermen the physician of our Orphan House, to which institution his own father had formerly held the same position." The following extract from a note addressed to a relative of the deceased, from the pen of another venerable man, a descendant of the Huguenots, and Chairman of the Board of Trustees of the Charleston Orphan House, forms of itself a comprehensive, tender, and faithful eulogy:—"To you and your family I would tender my sincere sympathies in the dispensation which has deprived you of your venerable head. The severence of filial union with a beloved parent, at all times a painful disruption of the ties of natural affection, is rendered doubly distressing when that father has habitually cemented the family bonds by cordial, intimate intercourse with his children, as yours has done. From much and long intercourse with him, I learned to appreciate the mild forbearance and benevolence of his temper, the purity and high moral motives of his every action, and the elevated Christian principles which pervaded and adorned his whole character. His tenderness and condescending kindness to the little inmates of the Orphan House, as their physician, have often excited my admiration and taught me a lesson of humility, while his judicious and successful professional management of disease commanded my respect. At the time of his resignation in the institution, in consequence of increasing infirmities of age, he left but one feeling among its inmates, old and young, and that sentiment was of universal regret at parting with their friend and benefactor."

Reese.—In New York, May 13, D. Meredith Reese, M.D., LL.D., aged sixty-one years. For many years Dr. Reese has occupied a prominent position in the profession. He was a man of decided and varied talent and vigorous intellect, which, if his ethical standing had not been somewhat equivocal, would have insured him a position in the first rank in his profession. As a medical writer, he chiefly distinguished himself in editing Samuel Cooper's Surgical Dictionary, and a pocket Medical Lexicon. In 1850, he originated the Medical Gazette, which he published in New York. It was first issued weekly, then once a fortnight, and was finally changed to a monthly. He continued to edit the work to the time of his death. Dr. Reese also held a professor's chair in the New York Medical College at the time of his death. At one time he held the position of surgeon in the New York Hospital,

COMMUNICATIONS RECEIVED.

California—Dr. E. S. Cooper. *Connecticut*—Dr. R. P. Lyon. *Illinois*—Dr. B. Woodward; Dr. J. M. Mack. *Indiana*—Dr. B. F. Elder, with encl. *Iowa*—Dr. G. M. Staples. *Kentucky*—Dr. J. C. Stockdell. *Massachusetts*—Dr. M. D. Southwick, with encl.; Dr. Abel Wilder, with encl. *Maryland*—Dr. J. K. Berkebile, with encl. *New Jersey*—Dr. P. Lapham; Dr. G. R. Robbins; Dr. Wm. Rice, with encl. *New York*—Dr. Louis Bauer. *Ohio*—Dr. J. M. Corey; Dr. W. Jones, with encl. *Pennsylvania*—Dr. T. B. Cooper; Dr. W. B. Erdman; Dr. W. F. Smith; Dr. G. Underwood; Dr. G. W. Smith; Dr. H. W. Martin; Dr. J. H. Grove; Dr. B. F. Hamilton, with encl. *Rhode Island*—J. G. White; Dr. A. Ballou, with encl.; Dr. J. Cole, with encl.; Dr. P. Landis, with encl.; Dr. S. F. Stow, with encl.; Dr. T. S. Andrews, with encl.; Dr. A. C. Whitman, with encl.; Dr. M. Fiefield, with encl.; Dr. A. C. Diedrick, with encl.; Dr. S. M. Wheeler, with encl.; Dr. J. H. Eldridge, with encl.; Dr. H. Batchelder, with encl.; Dr. F. H. Peckham, with encl.

Office Payments.—Dr. H. Wadsworth, Dr. J. H. Shank, Pa.; Dr. J. N. Wilson, Pa.; Dr. W. L. Martin, N. J. By Mr. Swain: Drs. Carter, Witmore, Rane, Bagge, Lyons, Kennedy, John Kline, (adv.) L. V. Helmbold, (adv.) C. H. Needles, (adv.) and D. W. Kolbe, (adv.)

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MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 240. | PHILADELPHIA, MAY 25, 1861. | NEW SERIES, VOL. VI. NO. 8.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Hectic Fever: A Symptom of Pulmonary Tuberculosis; Its Diagnosis.

By A. P. Dutcher, M.D.,

Of Enon Valley, Lawrence County, Pennsylvania.

PART FIRST.

This is a fearful and never-failing symptom of pulmonary tuberculosis. I have never known an individual affected with this disorder who escaped it altogether. It steals upon the patient insidiously. At first, perhaps, in the morning he feels chilly; in the afternoon he complains of being too warm; in the evening, on till the turn of the night, his hands and feet are dry and burning; after this, until morning, he perspires. But, as the pulmonary lesion progresses, the paroxysms of fever become more severe, and its different stages more pronounced.

The most peculiar characteristics of this fever, as it occurs in phthisis, are to be found in the state of the pulse and the perspiration. The pulse is small, hard, and tense, jerking, quick, and very frequent, from one hundred and twenty to one hundred and forty, and even more. The perspiration is usually out of all proportion to the other stages of the fever. It also seems to have some important connection with the patient's sleep; it very seldom comes on while he is awake, but, after sleeping, he awakes and finds that he is sweating. The perspiration is generally most copious upon the chest and head; sometimes it is moderate, amounting to a slight and pleasant moisture of the skin; at others it is profuse, and the patient is perfectly drenched.

Such profuse perspiration usually belongs to the latter stage of phthisis, and is often very distressing to the patient, making him even dread to go to sleep. It, also, tends to a rapid exhaustion of the vital powers, and it indicates, when very copious, that the course of the disease will be of short duration: for it has been observed that the perspiration generally keeps pace with the febrile excitement, and this with the rapidity of the pulmonary lesion. It has also been observed that any temporary cause which will increase the fever will likewise increase the night sweats. Chills are not always present in hectic fever; frequently they are wanting, and the patient may be ignorant of any excitement, although there is profuse perspiration at night.

During the febrile excitement, the countenance of the patient almost always becomes animated, the eye brightens, and, in an individual of delicate complexion, the fine blush of excitement gives a new beauty to the features. After the night is past, and the sweating stage is over, the pale cheek and the languid expression point again more clearly to the internal ravages of the fatal malady. Sometimes there is in the last stage of the disease a circumscribed redness on one or both cheeks, and, when it becomes permanent, it is regarded as the harbinger of speedy dissolution. The poet has truly said:

> "But, ah! the flush upon my cheek,
> That showed like health's first bloom,
> Was Death's own color—he had decked
> His victim for the tomb."

Hectic fever, however, as a diagnostic mark of pulmonary tuberculosis, must be taken with some caution, for it is frequently an attendant upon other diseases—such as bronchitis, when it has been of long standing, and pulmonary abscesses, which result from simple inflammation; and, indeed, we meet with it in all the various suppurative inflammations of the abdomen, pelvis, and in some chronic disease, which do not terminate in suppuration, but in obstruction and induration. Nearly all chronic

engorgements of the liver, mesenteric glands, and pancreas are attended with symptoms of hectic fever. And some authors have contended that hectic fever may occur *idiopathically*. We have yet to be convinced of this. We have never yet met with a case of this kind. We have always been able to find an adequate cause for its existence in some special physiological or pathological condition of the system.

Several years since, a case was submitted to my examination, which had been pronounced idiopathic hectic fever by two respectable physicians. The case turned out to be one of diabetes. Although the urine was but little augmented in quantity, yet the deposit of saccharine matter was very abundant, indeed the urine was loaded with it, and his constitution was suffering from it to that degree that he had two distinct paroxysms of hectic during twenty-four hours. He was entirely relieved by a nutritious diet, composed mostly of roasted beef, bread, and butter, with one of the following pills, taken three times a day, two hours after the regular meal:

R.—Bromide potass, - - grs. xxx.
Ext. St. Ignatius bean, - grs. x.
Ext. of naplewort, - - ʒj. M.
Divide into 30 pills.

When a person has but a very few tubercular deposits in the lungs, which are still in their crude state, he will not have hectic fever. But let him take a severe cold, and have acute pneumonia, or any other inflammatory disorder of the chest, hectic will soon supervene. Its marked presence under such circumstances is a very suspicious indication, and we should look very carefully for some of the other signs and symptoms of the fell disease, for it is only in this way that hectic can be of any value as a means of diagnosis.

Dr. S. Dickson, in his "Elements of Medicine," maintains that the principal feature of hectic fever, as it manifests itself in phthisis, is the state of the patient's mind. "This," he remarks, "as a general thing, is never depressed; he retains his cheerfulness and activity, and is fond of dwelling upon bright pictures of days to come, which hope can present to his imagination. Such is indeed the fact, while the digestive system preserves unimpaired its comfortable sensations and elastic tone, a state of things most frequently the case where the pulmonary organs have borne the weight of the attack.

"But should the febrile excitement have arisen from original disorder of the digestive system, or should the stomach become deranged during the progress of the case, under these circumstances a far different set of feelings will have possession of the patient; his tongue is furred and pale, his pulse soft, his appetite variable or deficient, and he will be languid and gloomy, hopeless and spiritless.

"I regard this connection between the state of the chylopoietic viscera and the mental condition of the patient as so constant and regular, that I will venture to propose it as a diagnostic in all doubtful cases, and will declare that I never hesitate to consider the digestive system as disordered to an important degree, either primarily or sympathetically, whenever I meet with anxiety of mind or a disposition to gloom and melancholy.

"We can thus distinguish, in an infinite majority of cases, what W. Philip calls digestive phthisis from true pulmonary tuberculosis, and hepatic from pulmonary diseases in general."

I can endorse these views of Dr. Dickson most cheerfully. They are in perfect accordance with my own observation. Indeed, I am not acquainted with any chronic disorder in which the hopefulness and buoyancy of the spirits are so remarkable as in pulmonary tuberculosis. In some cases, there appears to be an unusual brilliancy of the mind and cheerfulness of the disposition. Thus we frequently see that the least improvement in the symptoms is at once hailed as the harbinger of returning health, while their aggravation is attempted to be reasoned away by many trivial circumstances, which are as baseless as the fabric of a dream.

It is sometimes exceedingly difficult to determine whether the trifling manner in which phthisical patients speak of their symptoms and condition is to be regarded as an effort to conceal a fatal truth, or the result of real indifference to their state. About two years since, I attended a young physician who fell a victim to this disease. There was a predisposition to the malady in the family; some of the younger members had already died with it. When I intimated to the family that he had phthisis, they were greatly alarmed, and their anxiety almost without bounds; but the patient did not appear to be the least excited by his condition, and throughout the whole course of his disease he appeared cheerful and happy; and, when

interrogated in relation to his health, he was always better and would be well in a few days. A few days before his death, I told him that he was laboring under a hallucination—that his disorder would soon terminate his life. "Oh, no," said he, "dear doctor, I know I can't recover; I knew it from the beginning; but for the sake of saving my friends any unnecessary amount of alarm and anxiety on my account, I have braved the storm of dissolving nature, and am now prepared to die." And when the last hour came he closed his eyes upon all the scenes of earth,

"Like one who wraps the drapery of his couch about him,
And lies down to pleasant dreams."

PART SECOND.

The hectic of phthisis is sometimes taken for intermittent fever, or fever and ague. This is common in sections of the country where the latter disorder prevails. This is owing to the fact, that when ague becomes chronic its various stages are so modified in their features as very much to resemble hectic fever. The cough and expectoration which accompany ague is another circumstance that may mislead the physician, and may be the means of his committing a very grave error in his diagnosis. I have, on several occasions, met with cases of this description, and, as their diagnosis is not always very easily made out, we will occupy the remainder of this number in citing two or three instances:

April 7, 1859. Called this morning to see Mr. A., aged twenty-nine; just returned from Fort Wayne, Indiana, where he has been residing for the last year. He has always enjoyed good health until four months since, when he had a very severe attack of chills and fever. He had but two paroxysms, when it was checked by quinia. In twenty-one days from the last paroxysm he had a relapse. This time it was not so severe; the chills, fever, and sweating were all much lighter. Quinia was again prescribed, but it did not, as on the former occasion, entirely relieve the paroxysms. The chills and fever became very erratic; some days he would have fever and sweating without chills; then again he would have a severe rigor, with but very little fever and no sweating. Sometimes he would have a paroxysm every day for several days in succession; then he would have a respite for a day or two, when they would return as before.

During this time his appetite has been uniformly good, has rested well at night, and has been able to attend to his business when not laboring under the fever. He now has slight cough and mucous expectoration. Pulse in the sitting posture ninety-five, and respiration twenty; mouth and throat hot and dry; tongue clean, but very red, particularly at the edges; Thompson's gingival margin very clearly defined; bowels regular; urine very high-colored and scanty; mind cheerful. For three days the chills have come on quite early in the morning, and by one o'clock the entire paroxysm would be completed, and the afternoon and night have been comfortably passed. During the cold stage he complains of weight and heaviness in the chest, with a slight increase of the cough and expectoration.

On a careful examination of the chest, the following physical signs were elicited: The expansion of the two sides were equal; on percussion, little or no dullness was discovered on either side; on auscultation, the prolonged expiratory murmur was distinctly elicited, immediately under the right clavicle; the respiratory sounds of the left side were normal; the heart sounds, however, attracted my attention more than the pulmonary. These were loud and distinct, particularly the bellows sound. The impulse of the heart was distinctly felt over the whole chest, and each pulsation was attended by a distinct jirk.

From the absence of any enlargement of the liver and the spleen, and any serious pulmonary symptoms, we were almost ready to conclude that our patient was laboring under heart disease, complicated with fever and ague. But the presence of Thompson's gingival margin, the state of the patient's mind, the rapidity of the pulse during the interval between the paroxysms, and the erratic character of the fever, lead to a different conclusion. The case was set down as one of incipient tuberculosis, and treated accordingly.

During the summer there was a temporary improvement. For three months we fondly hoped that he would regain his health; but, about the first of October, he commenced gradually to decline, and, by degrees, more grave symptoms supervened. Hæmoptysis, purulent expectoration, copious night-sweats, diarrhœa, and occasional attacks of pleurisy terminated his earthly career on the 17th of January, 1860.

Post-mortem, twenty-four hours after death, revealed the following condition of the lungs

and their surroundings: Several broad, long, and thick adhesions at the apex of the right lung, with considerable effusion of serum in the pleura. The upper lobe of this lung was quite indurated, having several vomica at its summit, all communicating with the bronchia. The most of them were not much larger than a pea, while only three of them were as large as a common-sized marble. None of their parietes were lined by false membrane, but were formed of a semi-opaque substance, of a yellowish aspect, quite firm and tenacious. In the middle lobe quite a number of tubercular deposits were found, in various stages of softening, but no excavations. The inferior lobe was very much congested, but presented no marks of tubercular infiltration. The left lung was but little affected. The bronchial mucous membrane was very much congested, and ulceration was found in several places on the right side. The heart was somewhat larger than natural, but its appearance was normal. There was slight thickening of the semilunar valves of the aorta; in other respects it was healthy. The bowels were not examined.

In reflecting over this case, it is very evident that the patient, in the first instance, had intermittent fever. This may be inferred from his residing in a section of country where that disease is very prevalent, and also from the paroxysms of fever being promptly checked by the use of quinia. The attack that supervened three weeks afterward was not intermittent fever. The erratic character of the paroxysms and its not yielding to the free use of quinia or any other antiperiodic was sufficient proof of this. The malarial poisoning probably had some influence in developing the hectic symptoms, and in giving them such a prominence that they constituted the distinguishing symptoms of the subsequent pulmonary lesion, for he suffered more from hectic than anything else. It was present at the commencement of the malady, and continued until the last. During his temporary improvement there was a short respite from its annoyance, but when he relapsed, it became more distressing than ever, especially the night-sweats, which were so copious that he had to change his night-dress two or three times during the night. This was, however, not until the latter period of his disease. In the first instance the sweating was mostly in the afternoon, directly after the chills and fever. At this early period the disease might easily have been taken, and was, for intermittent fever, for there was but one physical sign, and that not very marked, to point out the existence of pulmonary tuberculosis. Hectic fever was the paramount symptom of this case, and served to point out with unerring certainty the existence of a great constitutional malady which was so soon to develope itself in the lungs, and there work out its disorganizing and destructive agency, sapping the very fountain of life, and consigning its helpless victim to a premature grave.

The next case that I would introduce is that of Ann B. I was called to attend her in the fall of 1858. Her parents had both died with phthisis, and at a very tender age she had been left to the care of a maiden aunt, who watched over her with more than a mother's solicitude. She was a delicate child, and every thing that a scientific physician could suggest to strengthen the vital forces and overcome the proclivity to phthisis was rigidly enforced, and, at the age of sixteen, she had the appearance of an individual who enjoyed good health.

About this time she was sent to one of our large and fashionable female seminaries. Being very anxious to improve her mental powers and keep up with her classes, she applied herself most diligently to her studies. Thus overtaxing her brain, taking but little exercise, living on a scanty diet, and imitating some of her school-mates in the barbarous habit of tight-lacing, she soon laid the foundation for ill health, and the subsequent development of pulmonary tuberculosis.

The first time I saw her professionally was on the eighth of October. Three months previous to this date she commenced to have chills in the morning, which was followed by fever in the afternoon; sometimes she would have pain in the back and limbs, attended with thirst and loss of appetite. She also had cough and expectoration, particularly in the morning. By degrees the chills and fever became so severe that she was obliged to relinquish her studies and to call in a physician. After a very hasty examination, he pronounced her disease intermittent fever, and said she would be well in a few days.

Here is his first prescription:

℞.—Sulph. quinia, - - grs. xxx.
Extract cinchona, - - ʒi.
M.

Make 30 pills, of which take one every six hours.

This prescription was continued for six days

without any improvement, when the following was substituted:

℞.—Sulph. quinia, - - grs. xxv.
Acid sulphuric dilut., - gtt. xxx.
Brandy, - - - - f℥iii.
M.

Make Solution.—Dose, a teaspoonful every four hours.

While using this prescription the paroxysms became somewhat relieved, and she was enabled to resume her studies in part, but still they never entirely left her, although she was under the influence of antiperodic medicine the whole time, the doctor still maintaining that her disease was nothing but fever and ague. After struggling along in this way for six or seven weeks, she was compelled to relinquish her studies and return to the residence of her aunt.

My first visit was early in the morning. She informed me that she had passed a very restless night. In the lying posture her pulse was one hundred and five per minute and her respiration twenty-five. Tongue clean, but quite red at the edges and centre. Thompson's gingival margin very distinct upon the gums. Appetite poor and bowels very much relaxed. Complains of dyspnœa when the chills and fever are on, and for the last two weeks has had copious night-sweats. Cough and expectoration no ways troublesome.

The physical signs are very pronounced. The two sides of the chest are quite unequal in their expansive movements, the left being almost motionless. Percussion yields dullness over one-third of the left side, from the summit of the lung downward. Humid clicking is distinctly heard just under the clavicle. On the right side the resonance of the chest is normal; the only abnormal sound heard is prolonged expiratory murmur and slight mucous ronchus.

The diagnosis was clear: tubercular induration and softening in the superior lobe of the left lung, and latent tubercular matter in the right. The prognosis, as a matter of course, was unfavorable. I attended her with the understanding that she could not recover. This is a sad office, but it is one from which I never shrink. I feel a chastened and holy pleasure in administering to the wants of one who is standing, as it were, on the verge of the better land. That silent chamber and that death-couch are the gateway to immortality and eternal life. And as I have felt the last throb of the pulse, and listened to the last breath, and beheld the last flash of the eye, it has subdued the pride of my heart, enkindled the sympathies of my mind, and inspired my soul to seek more after Him who is the resurrection and the life.

The course of my patient's disease was painless, with the exception of the distress which the hectic fever occasioned. She lingered a long time on the borders of the grave; but, when the time arrived for her to depart, she entered into her rest as sweetly as an infant falls to sleep in the arms of its mother. And, as we gazed upon her mild and placid countenance, beautiful even in death, we were lead to exclaim, in the language of the Revelator:—"Blessed are the dead which die in the Lord from henceforth! Yea, saith the Spirit, that they may rest from their labors; and their works do follow them."

The reader must pardon this seeming rhapsody; but such thoughts are so intimately connected with this malady that it is very difficult to escape them, and that physician who has not been impressed by them must have a heart that does not beat in sympathy with his kind, and a mind that cannot appreciate the sublimity and glory of the Christian's faith and the Christian's hope.

Dr. Thompson, in his lectures on pulmonary consumption, has the following remarks on this subject: "Am I passing beyond becoming bounds in suggesting the reflection that while witnessing such transitions from languor and decay into an undying life, we may ourselves realize the truth that death is not the end of existence; that it is something grander than human skill defeated; that, when art can do no more, and 'friends weep at the vestibule as the spirit passes out of doors,' we may win glimpses of brighter scenes, where the cares and the passions of this lower life shall cease to engross, and the germs of opening science shall expand into the fullness of infinite Truth."

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Poisoned Rivers.—Three rivers at Aberyswith have, during the last few years, been wholly poisoned by some lead mines draining into these streams. Cows, horses, and pigs are poisoned by eating the grass on the banks of these rivers, which flood the surrounding land. What is poisonous here to animals would be so also to man. And this is a subject which may be elsewhere worth the attention of medical officers. The metallic contamination of rivers is a subject which has not been very carefully studied.—*Lancet.*

Rheumatism.

By B. Woodward, M.D.,
Of Galesburg, Illinois.

It is a hazardous task for any man, particularly an obscure individual, to advance views on medical subjects not in accordance with those of the profession generally; and he who undertakes it throws himself open to criticism and it may be to ridicule. There are some diseases, however, the accepted pathology of which rests mainly upon hypotheses, for, from their very nature, they cannot be settled either by pathological anatomy or chemistry. Of these, rheumatism is a remarkable example. True, anatomical pathology has shown which were some of the lesions, and chemistry some of the products found after death; but no investigations have, as yet, proved what was the cause or even in what tissues of the body the disease had its origin. The pathology being obscure, it necessarily follows that the treatment has remained an unsettled question. So unsettled is its pathology, that authors have contented themselves with suppositions on the subject. Theories have been invented as to the influence of this, that, or the other acid in the system; again, an excess of fibrine in the blood has been alleged to be the cause. So various are the opinions that it would be a matter of impossibility for a student to make out, from "the books," what is its pathology. Every theory of pathology has its corresponding treatment. Has it been inflammatory? The whole range of antiphlogistic treatment has been exhausted. Was it an acid? Eliminatives, catalytics, chemical agents, which should neutralize it, have been resorted to. Or, did it depend upon an abnormal quantity of fibrine? Bleeding, antimonials, and the use of mercury were recommended, in order to overcome this condition of the blood. Others, again, have considered the disease as nervous, at least in a degree, and the treatment has corresponded. I do not deny the presence of the acids or the increased quantity of fibrine found in the blood, but that they are the cause of the disease does not satisfy me. Having for the past fifteen years had a great many cases of rheumatism to treat, I have, with the deepest earnestness and patience, sought to ascertain its nature, but it is only within the past four years that my mind has become at all settled on the subject, and since I have adopted my treatment to my view of the pathology I have not had cause to regret it. Observation and my own course of reasoning have led me to the adoption of the hypothesis, that *all constitutional diseases, in which swelling, pain, or convulsions are prominent symptoms, are of purely nervous origin, and point unmistakably to a derangement of the nervous system as a whole, or in some of its more important parts.*

The nerves, so far as we know, are the only tissue in the body capable of suffering or transmitting pain; when it is manifested in other parts, as in muscle, bone, or fascia, it is only from the ramifications of nerve-fibre to these parts. This view does not exclude those lesions or affections of the nervous centres which are marked by paralysis, in which no pain exists, and unless the derangements are such as to produce paralysis, there is always pain or convulsion or both where there is nervous derangement. I shall only endeavor, in the present paper, to establish this view, so far as rheumatism is concerned.

It is not easy to conceive of a constitutional disease, caused by a depravation of either solids or fluids of the body, without at least functional lesion, and, hardly, without organic. Yet we do find this to be the case in diseases of the nerves, as in neuralgia, in which pain and sometimes increased action of the circulatory system are the only abnormal conditions. This condition also obtains in the majority of cases of rheumatism in the early stages, and until the nervous derangement has produced other abnormal actions.

Those who contend for the acid theory, or the abnormal amount of fibrine in the blood, as the cause of rheumatism, acknowledge that both the one or the other are often very rapidly formed and as rapidly disappear, but they have not proved that this is not caused by nervous action itself. Without calling on any to prove a negation, we may point to analagous cases to sustain ourselves.

Hydrophobia is a nervous disease of the purest type, and one of the products of the nervous irritation is the poison in the saliva. Where there is no constitutional disease, other than a temporary derangement of the nervous system, the urine becomes loaded with abnormal products, and all are familiar with the increased secretion of saliva, mucus, and serum, as the case may be, arising from certain forms of nervous excitement, be the excitement of a healthy or unhealthy nature; and why may not an acid, or an increased quantity of fibrine,

likewise depend upon nerve-irritation in rheumatism?

We have certain forms of rheumatism in which pain, paralysis, and atrophy are the only symptoms all through the history of the case, and these following each other in regular succession and, apparently, dependent on each other. In the history of the following case I shall be excused if I give the name of the lady who was the victim to this disease. So well was the case known, and so deep the sympathy that was felt for her, that an apology is not needed for giving her case.

In the summer of 1839, Mrs. L. M. Jones, of Abbeville, Medina county, Ohio, had an acute attack of rheumatism in one ankle, from getting her feet wet. Pain was the only symptom. Soon the knee of the same limb became affected, then the other limb suffered, and so the case went on, joint after joint and limb after limb becoming involved, till the vertebral column was also involved. Soon atrophy of the muscles and rigidity of the joints supervened, till the muscles were mere cords, and she lay as rigid as a marble statue, without the power to move one joint in the body, but the victim of constant excruciating pain. Thus she lay twelve years, when death released her. Through all this, there was neither redness or swelling of any part. Her breathing and voice were unaffected, and her appetite and digestion as perfect as in health, and her mind as clear and vigorous. Where, in such a case as this, shall we look for evidence of disease but in the nervous system? She was treated by good and judicious physicians for "rheumatism," but what was the rheumatism but nerve-irritation? Blind as I then was to what I now believe to be the pathology of the case, I could give no hope of relief. Surely if we do not learn from our errors we are poor students of medicine. There is one form of so-called rheumatism which, if it do not depend upon nervous irritation, I do not know where to place it. I allude to rheumatism in a member after there has been fracture of a bone. This form is well known to every one who has treated many fractures, particularly of the femur and humerus, and we have often found it one of the most common and troublesome of the sequelæ; and, also, that it yields most readily to the action of the neurotic remedies.

Read carefully Dr. Louis Bauer's paper in Reporter for April 20, entitled "Contributions to the Pathology of the Spinal Cord and its investing Membranes," and see if the cases there given (more especially *Case* 4) of rheumatism, so called, do not point, without a shadow of variation, to the nervous system as the cause of the malady! and yet the case had been called "rheumatism," and, in the hands of a less experienced pathologist would have been treated as such. What is "torticollis" but an affection of the nerves governing the sterno-cleido mastoideus, and do we not find, on analyzing, almost every case of so-called "rheumatism" that we have to deal with a nervous affection?

Case 2, of the same paper, gives all the symptoms of rheumatism, and yet when skillfully diagnosed the rheumatism vanishes, and the case yields to appropriate treatment. If rheumatism is not of nervous origin, why do we find woolen worn next to the skin to be one of the best prophylactics, and why are rubefacients so valuable? On the hypothesis that it is disease of the nerves, the usefulness of the treatment is easily explained, from the action on and through the cutaneous nerves. It may be urged that swelling of the parts, effusion, etc., militates against the view that the affection is nervous; but to my own mind it has no weight. Disease of the nerves does not and need not imply that the affection is uniform either in its nature or manifestations. It may, and doubtless is, governed, in great measure, by the nature of the tissue in which it appears, and also by the condition of the patient at the time of the attack. In one case it may result in atrophy of a part, while in another hypertrophy takes place.

There is no fact in physiology better established than that the nutrition of muscles is governed by nerve action, as well as their motion and sensibility. Irritation of nerve tissue may as well cause swelling and effusion as paralysis of a nerve cause atrophy and wasting of muscles or other tissue. The cutaneous nerves are readily affected by causes acting from the surface, and it is not improbable that the disease in question is often produced by external irritation, as by cold or wet. This view does not necessarily imply that the disease must be confined to the cutaneous nerves, for the nervous system is so much a unit that, if one part, even on the surface, is affected, the deeper seated may quickly become involved.

The irritation occasioned by a slight wound of a fibre of nerve in a distant part may induce tetanus, which is a disease of the nerve centres.

Neuralgia, or painful disease of the nerves, as generally understood, is marked by pain of a peculiar character, and different from that of rheumatism; but this is no evidence that the rheumatism does not arise from nerve causes, for the same tissues are subject to different forms of disease. It is not possible, in the present state of our knowledge, to say what the peculiar condition of the nerves is, either in the one or the other disease, but pathologists may yet unravel the mystery. This, however, will not be done till we have found the right end of the skein.

If, together with the nature of nervous affections generally, and the nature of the pain in rheumatism, we couple the evidence derived from therapeutics, it seems to me that we have as nearly-conclusive evidence, as the nature of the case will admit of, that all rheumatism is of a neurotic character; it may be from transient causes, or it may depend upon a diathesis. In the one case it will be acute, and yield more readily to treatment; while in the other it will be chronic, and difficult, if not impossible, to eradicate. We read of various kinds of rheumatism, and, among them, of the nervous; but the chief differences are made to depend upon the location. If it were an acid, or any other depravation of the blood, why is it not general instead of local? why does it change its place of attack? and why does it depend so much upon climatic and atmospheric causes for its return from time to time?

This paper is not intended to be declaratory, but suggestive, and these views are thrown out for examination. What, then, is the testimony of therapeutics? It may be given in a few words. Combine the testimony of all the best authors, and it is that "that class of remedies which act upon and through the nervous system are more to be relied on than any other, and sooner overcome the disease."

This has been my own experience—limited, I allow. For the past four years I have relied upon the use of neurotics, galvanism, over and through the track of the affected nerves, galvano-puncture, and hypodermic injections of the narcotics. Some cases require the use of arterial sedatives, among which I give the first place to veratrum viride; others will be anemic, requiring iron and a sustaining treatment; while others will be malarious or intermittent, requiring quinia and strychnia, but through the whole category, keeping in mind that it is a disease of the nerves, and not of the blood, both in its origin and progress. From what I have tested of this treatment, I am confident that few cases of acute rheumatism will be found obstinate, while the old chronic cases will be more easily managed than by any other mode of which I have any knowledge. I have found either one or the other of the following formulæ of great advantage where the large joints are implicated:

℞.—Chloroform, - - - f℥j.
Extr. conii. fld., - - - f℥ij.
Glycerine, - - - - f℥j.
M.

℞.—Chloroform,
Ext. conii. fld., - - āā f℥j.
Morphia, - - - gr. x.
Glycerine, - - - f℥ss.
M.

Either of these can be used by saturating lint with them and covering the whole joint, and cover the lint with oil-silk.

In chronic cases, especially of the hip or shoulder, I like the hypodermic injections of aconita or morphia into the cellular tissue, as near the trunk of the nerve as possible.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

SECTION I.

Believing it to be the duty of every one to do all in his power to aid the Government in the present crisis, I have collected from the best sources within my reach such facts and observations as have been found useful both in this country and in Europe, regarding the sanitary management of troops in and out of camp, so as to keep the soldiers in good health, and by the most efficient means to relieve disease, both medical and surgical. By publishing it in a public journal, and distributing it freely, I trust I will be contributing my mite to the general good.

The great importance of sanitary regulations are shown by the following facts:

In the first seven months of the Crimean campaign, the mortality among the troops was at the rate of 60 per cent. per annum from disease alone—a rate of mortality which exceeded that of the great plague among the population

of London. The number of sick and wounded soldiers received into the hospitals at Scutari was about 41,000, and the number of British soldiers who died in those hospitals during the residence of Miss Nightingale, was 4,600. The causes were: exposure, bad food, deficient clothing, fatigue, damp, bad drainage, bad ventilation, overcrowding, nuisances, organic effluvia, malaria. The diseases were: diarrhœa, dysentery, rheumatism, frost-bite, scurvy, typhus, typhoid, and remittent fevers, and cholera. Typhus fever attacked both sick and well in the hospital. During the month of November, 1854, alone, there were 80 recorded cases of hospital gangrene. Out of 44 secondary amputations of the lower extremities, 36 died. The mortality of hospitals can be compared in two ways, which mutually check and confirm each other. *First*, by dividing the deaths by the mean "strength" of the sick in the hospital, and reducing the mortality to that which would obtain, if the time of observation were a year. *Second*, by dividing the number of *deaths* by the number of *cases treated*.

What the commander of the forces and the war department want and ought to know about the health of an army is: 1. How long the army will last at the then rate of mortality. 2. Whether the diseases are preventable from which the mortality arises. 3. What proportion of the army is inefficient from sickness. A health officer should be attached to the Quartermaster's department, and have full power to attend: 1. To the draining of sites; 2. To sewerage; 3. To the cleansing of outskirts; 4. To the ventilation; 5. To the water supply; 6. To the lime-washing and cleanliness of the buildings; 7. To the allotment of cubic space; 8. To the sanitary conduct of burials. The personal hygiene of the patients must be left to the medical officers.

Before and after the works executed by the sanitary commissioners begun in 1855, the hospitals at Scutari bore a similar sanitary relation to that of the gaols of the last century, which were pest-houses, compared with Colonel Sibb's prisons in 1857, the most healthy buildings in existence. Such a sanitary commissioner will be, I trust, appointed by the Secretary of War of the United States.

DISEASES OF THE ARMY—CAUSES OF DISEASES.

The most frequent causes of diseases in armies are the sensible changes in the air, either from heat to cold, or from dryness to moisture.

Soldiers in camp, according to Dr. Rush, suffer much from heat, by being constantly exposed to the sun, either without any shade at all, or only covered by a thin tent; and where the air is so much confined that the heat is often more insupportable than without, in the sun. This circumstance, joined with the damps so incident to camp life, seems to explain why the summer and autumnal diseases of an army, even in a northern latitude, resemble so much the epidemics of southern countries, especially of those with a moist air.

It has been found that great heat alone is insufficient to cause much sickness without the accompanying condition of moisture, as the neighborhood of marshes.

Cold is much oftener the immediate cause of diseases in the army, either alone or, especially, where attended with moisture.

Moisture.—Soldiers are much exposed to dampness in their tents, where the air can never be thoroughly dry, in consequence of the conconstant exhalation going on, to which is often added the moisture caused by rains, even where the site of the camp is dry or properly drained. Where there is deep water, the locality is not so dangerous to troops as marshy grounds, or meadows that have been once flooded, and but lately drained; there are situations, too, which, though dry in appearance, may yet be moist by reason of the transpiration of subterraneous water; such grounds are apt to produce bilious fever. Stagnant, moist air in low and woody countries is apt to produce fevers, especially when the men have to lie upon the wet ground.

Of the General Means of Preventing Diseases in the Army.—To prevent diseases arising from heat and cold, to avoid the effects of intense heat, commanders should direct that the marches should be early in the morning, or after the intense heat of the day is over. Soldiers suffer less from sleeping in the open air (when the ground is dry) than in tents.

The preservatives from cold consist in clothing, bedding, and fuel. Under-shirts and woolen over-shirts, with or without vests, over-coats, strong shoes, with blankets for each tent, and cloaks for the cavalry should be provided. There should always be sufficient fuel to dress their food, and correct the dampness of their barracks, though the troops should trust rather to warm clothing and exercise than to fire for preventing diseases arising from cold.

To Prevent Diseases arising from Moisture.—Let the quartermasters examine very carefully every barrack and refuse house, with cellars containing water, or which have been uninhabited. Attention should also be paid to their being aired and well ventilated.

In the field, the best security is by making trenches around the tents, by which means the natural moisture of the ground is lessened, and the rain-water is intercepted and carried off without wetting the straw. The soldiers should be allowed plenty of straw, and have it frequently renewed, or, when it cannot be obtained every few days, it should be taken out and well aired. Without this precaution, it will not only grow damp, but soon rot and prove unwholesome. The tents should be thoroughly ventilated daily; if not, it will cause everything to become moist and unhealthy. Oil-cloths spread upon the ground of the tent, and kept dry, intercept much of the rising vapor. Matresses should not be laid upon the ground.

Soldiers unavoidably exposed to rain on marches and out-duty should be allowed to make a fire with wood in the rear of the camp. Where the grounds are dry, camps are most healthful on the banks of large rivers, because, in the hot season, those situations have the advantage of fresh air from the water to carry off both the moist and putrid exhalations.

To Prevent Diseases arising from Impure Air.—With regard to the impure air of marshes and other stagnating water, if it is necessary to continue long upon such ground, the best expedient will be to make frequent removes, for, by shifting, the straw will be changed, the men will have more exercise, and the impure animal matter will be left behind, which, in camps, is particularly noxious. As to the cantonments in marshy ground, if the troops must remain there in the dangerous season, it will be better to float the fields entirely than to leave them half dry.

Dr. Rush remarks that the certainty of its good effects is evinced by those low countries in the United States, which are sickly in ordinary seasons, being uncommonly healthy in those seasons in which the low or marshy grounds are covered by an unusual quantity of rain.

In order to preserve purity of air in dysenteric seasons, let there be some slight penalty for neglecting to use the privies, and from the middle of July, or upon appearance of a spreading dysentery, let the privies be made deeper than usual, and once a day a thick layer of earth with lime thrown into them. It may also be proper to order the pits to be made either in the front or rear, as the reigning wind of the season may best carry off their effluvia from the camp. When the dysentery begins to be frequent, the sick should not be sent to one common hospital, at least not in such numbers as may vitiate the air.

Barns and granaries make good summer hospitals. Dr. Rush testifies, from experience, to the advantages of barns for military summer hospitals, in preference to any other buildings. Churches, in common with barns, owe their advantages for military hospitals to the height of their ceilings. The latter are cooler than churches, from having no windows in them, and currents of air are conveyed through them more directly and more easily to the bunks of the sick. Another point to be observed in a fixed camp is to have the regimental hospitals scattered, and not crowded into one village. It may be proper to make the following distinction:

In the first part of a campaign, when inflammatory distempers prevail, those who are taken ill are to be left behind, as such cases least admit of motion, and at the same time are not infectious. But those who fall ill from the end of summer to the decline of autumn, will bear motion, and generally mend upon a change of air, are rather to be carried with their regiments and dispersed, than collected into one place to breed and propagate the infection. Dr. Rush considers that these remarks should be qualified. It is true, he observes, that soldiers ill with the hospital-fever are generally benefited by being gently removed in wagons in *warm* weather, but great mortality uniformly followed the removal of such patients in *cool* or *cold* weather, in the same vehicles, in the Revolutionary war of the United States.

As to the disposition of hospitals, with regard to preserving the purity of the air, the best rule is to admit so few patients into each ward, that any one unacquainted with the danger of bad air might imagine there was room to take in double or triple the number.

This Dr. Rush considers an excellent rule, which should be carefully attended to by physicians who have charge of military hospitals. The neglect of it deprived the United States of several thousand soldiers during the Revolutionary war.

In winter hospitals, chimneys (with open fire-places) only should be used, and stoves never; for though the latter may warm a large ward better and at less expense, yet by scarcely making any draught of air they will be apt to promote its corruption, whereas a fire in a chimney acts like a constant ventilator. Dr. Rush remarks that a strict regard ought to be had to this direction. Dr. Tilton combined warmth and ventilation very happily in the log military hospitals constructed by him in Morris county, New Jersey, by making the fires in a hollow in the centre of the hospitals, and leaving an opening in the roof in a perpendicular direction to them, through which the smoke was discharged. The bunks surrounded the fire-place. After kindling the fire the patient suffered no inconvenience from the smoke. Their short and transient sufferings from this cause were overbalanced by its salutary effects, for it has been proved by Dr. Clark in his treatise upon the diseases incident to long sea-voyages, that smoke checks the propagation of fever from morbid exhalations.

To Prevent Diseases arising from Improper Diet.—No order will be able to restrain soldiers from eating and drinking what they like, if they have money to purchase it. Therefore a fundamental rule, and, indeed, almost all that is necessary, is to oblige the men to eat in messes, by which means we may be assured the best part of their pay will be bestowed on wholesome food.

This method being established, it only remains to take care that the men be supplied with good bread and fresh vegetables during the hot weather.

Vinegar with molasses, or a small portion of claret, or even New England rum, is one of the useful drinks during the heat of summer, mixed with water. Fresh mutton and beef are useful articles broiled, but fresh pork is injurious, while good salted pork or ham was found by Dr. Rush to be a preservative of the health of the Revolutionary army of the United States.

The chief rule in diet in sickly times is to eat moderately, avoiding surfeits and indigestion.

To Prevent Diseases arising from Errors in Exercise.—The greatest fatigue which a soldier undergoes is in making long marches, especially in hot or rainy weather. When the service requires it such hardships must be endured, but they will be attended with less sickness if care be taken to supply good provisions and plenty of dry straw. At other times when dispatch is not necessary, short marches, before the heat of the day, with proper halts, are so far from harrassing the troops, that nothing can be more conducive to the preservation of their health. In fixed camps, as there is always more sickness from inactivity than from fatigue, it would not be amiss to make proper regulations about the exercise at such times, as our soldiers, left to themselves, are naturally too indolent to use what is fit for them. The exercise of a soldier may be considered under three heads: the first relates to his duty; the second to his living more commodiously, and the third to his diversions.

The first, consisting chiefly in the exercise of his arms, will be no less the means of preserving his health than of making him expert in his duty; and frequent returns of this, early and before the sun grows hot, will be more advantageous than repeating it seldom and continuing it too long, for a camp affording little convenience for refreshment, all unnecessary fatigue is to be avoided.

As to the second article, cutting boughs for shading their tents, making trenches around them for carrying off the water, airing the straw, cleaning their clothes and accoutrements, and assisting in the business of the mess, are all things which, as they must be strictly executed by orders, ought to be no disagreeable exercise to the men for some part of the day.

Lastly, as to diversions, since nothing of that sort can be enforced by order, the men must be encouraged to them, either by the example of their officers or by small premiums, but caution is necessary with regard to excess, especially in hot weather, for nothing is more prejudicial to the soldier, when heated with work (or amusement) than to strip, expose himself to the cool air, and greedily drink cold water, and especially well-water, which commonly is very cold; river water is less hurtful, as the rays of the sun, to which it is constantly exposed, prevent its being so cold.

Neatness cannot be too much insisted on. Let the soldiers frequently wash their hands, their faces, and their feet, and if the season permit, let them bathe as much as possible in running water.

The Seasons Compared with Regard to the Health of an Army.—In the beginning of every cam-

paign we are to expect, for the first month at least, that the returns will be considerably higher than if the men had remained in quarters.

After the first fortnight or three weeks of the encampment, the sickness daily decreases, as the most infirm are already in the hospital, the rest more hardened as the weather is growing daily warmer.

This healthy state continues throughout the summer, (that is until the middle of August,) unless, by some extraordinary exposure to rain, the men get wet clothes or lie wet, in which case, in proportion to the preceding heat, the dysentery will be more or less frequent until October, with more or less intermittent and remittent fevers, which continue until the frosts begin.

Winter expeditions, though severe in appearance, are attended with little sickness, if the men have good clothing, shoes, quarters, fuel, and provisions.

Dr. Rush states that the American Revolutionary war furnished a memorable instance of the truth of this remark. Among nearly two thousand Philadelphia militia troops, whom General Cadwalader commanded on the Delaware in the winter of 1776 and '77, and to whom Dr. Rush acted as Physician-General, there was but one death, and not more than half a dozen sick in the course of six weeks, notwithstanding the greatest part of them slept in tents, or in the open air before fires, or upon barn or kitchen floors, during the whole of that time.

(*To be continued.*)

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL CLINIC.

Service of Dr. Levick.

May 18, 1861.

CARDIAC DROPSY WITH COINCIDENT DISEASE OF THE LIVER AND ASCITES.

This patient is forty-five years of age. He has had several occupations, having formerly been a seaman, but more lately has kept a drinking-house. He was admitted to the hospital on the 16th inst., suffering from dyspnœa, swelling of the lower extremities, and with marked ascites or abdominal dropsy. He gives the following history of himself: That he had good health until seventeen weeks ago, at which time he was seized with severe pain and swelling in the left shoulder, with much fever, the pain extending down to the front of his chest. Although the pain was greatest in this joint, it was not entirely confined to it but affected some of the other joints. By this illness he was confined to his bed for six weeks. When he got about again he resumed his place in the bar-room, and confesses that he indulged freely in the use of spirits. He cannot tell how much he drank daily, but says he was in the habit of taking a little with each of his friends and customers.

Soon after this he noticed swelling of the calves of his legs, later of his thighs, and quite recently there has been a steady but rapid enlargement of the abdomen, which measures 38 inches in circumference. There is marked prominence of the superficial veins of the abdomen, and the abdomen is dull on percussion over most of its surface. There is also a little puffiness under the eyes, and the conjunctivæ are of a decided yellow tinge.

The pulse is feeble. Over the heart there is an increased space of percussion dulness, and at the apex of the heart there is a rough blowing sound, which extends even to its base and along the sternum. You cannot fail to notice an unusual degree of movement in the vessels of the neck, which is due to pulsation in the jugular veins, the cause of which I shall refer to hereafter.

The patient next presented is a sailor, aged thirty-eight, who was admitted May 15. His history is as follows: For the most part his health was good until three months ago. Previous to this he had occasionally suffered from some shortness of breath. Although often exposed to wet and cold, he has never been laid up with rheumatism. He confesses to have been at times very intemperate, drinking freely of spirits. After a debauch, six weeks ago, he noticed that his legs were much swollen, later his thighs, and very recently with him, as with the former case, there has been rapid effusion into the cavity of the abdomen. Measuring this just above the umbilicus, we find its circumference to be 36 inches. This man suffers much more from dyspnœa than the former, but in neither of them is there that condition known as orthopnœa, which would prevent them from assuming the recumbent position. Applying the ear to the region of the heart, there is heard most distinctly, at its apex, a harsh, blowing sound, distinct, but not to the extent of the former case. There are also occasional dry râles heard through the chest.

As with the former patient, there is dulness over the abdomen, but there is not the same fluctuation imparted by palpation and succussion, while we can in neither case detect any enlargement of the liver.

We have in these two patients well-marked typical cases of cardiac dropsy, so called be-

cause in both the disorder of the heart has been among the first links in the chain of morbid phenomena now presented. For, as you well know, the mere effusion of serous liquid, producing the obvious phenomena of dropsy, would be of little moment, were it not a symptom and sequence of organic derangement. On a previous occasion we have had some general remarks on this subject, and need not repeat them here, but will content ourselves with following out the different stages of development of the morbid manifestations before us. Tracing these, we find in the first case presented, that the earliest inconvenience experienced by our patient was the attack of rheumatic fever, as shown by the swelling and pain in the joints of the upper extremities; that this was followed by or rather accompanied with pain in the præcordial region; that after an apparent recovery, the swelling in the legs showed itself. In other words, the attack of rheumatism developed disease of the valvular structure of the heart, either of the mitral or the aortic valves, or produced rheumatic pericarditis with effusion or adhesion, thus cramping the actions of the organ. This latter, though an occasional sequence of rheumatism, is of much less frequent occurrence than the former. As respects the coincidence of rheumatism and cardiac disease, there is much difference of opinion. Thus my senior colleague, Dr. Gerhard, contends that he can detect an endocardial murmur in every case of acute rheumatism. As you all know, he is gifted with an acuteness of hearing which few possess, and it may be that what would escape other observers is detected by him. I should say that at least two-thirds of the cases coming under my own notice have presented this complication. Thus far every case of acute rheumatism received here since my term of service commenced this year, has been found to be accompanied with endocardial murmurs. By many physicians, on the other hand, this association is much more rarely admitted.

I am disposed to think that in this case the mitral valve was the first affected. It matters little, so far as the ultimate result is concerned, whether the disorganization be in the form of deposits on the valves, causing a narrowing of the auriculo-ventricular orifice, or such disorganization as would render the mitral insufficient to close this orifice.

In the first instance, there would be an excess of blood retained in the left auricle from the difficulty in passing through the narrowed orifice; in the second, when the ventricle contracted, a portion of the blood would be sent back into the auricle, owing to the mitral being insufficient to close, completely, the opening. In either case, then, there would be an excess of blood in the left auricle. Now, let us trace the effect of this. The blood collected by the veins in all parts of the body is conveyed by the ascending and descending venæ cavæ to the right auricle; from this it passes to the right ventricle, and, in a healthy condition of the heart, is, when the heart contracts, prevented from passing back into the auricle to any extent, by the closure of the auriculo-ventricular or tricuspid valve. It passes then by the pulmonary artery to the lungs, where it is oxygenated and conveyed by the pulmonary veins to the left auricle. In a healthy condition, it is transferred to the ventricle, and thence, the mitral valve closing accurately, is passed through the aorta to the general circulation. But we have shown that the left auricle cannot fully empty itself, in consequence of the diseased condition of the mitral valve. The capacity of the auricle being limited, the pulmonary vessels cannot empty themselves, and this blood is backed upon the lungs: hence result congestions of the lungs, dyspnœa, and the train of morbid phenomena which characterize disease of the heart. If the obstruction be but temporary, or if, as sometimes happens, some compensating influence is set up, these morbid symptoms may subside. More generally, however, they go on steadily increasing in intensity and extent. The walls of the delicate vesicular structure of the lungs, unable to bear the strain put upon them, break down, producing the condition known as emphysema, or the vessels themselves rupture, and hemoptysis results. As the heart continues to act, a constant current of blood would be sent to the lungs from the right ventricle, but this stream meets with that already sent, and it, too, is backed into the right ventricle. The capacity of the ventricle is limited, and, as it is receiving its supply from the systemic circulation through the auricle, its cavity is unable to contain the excess of blood thus accumulated on it, and its valves may give way.

If its muscular tissue be enfeebled, it very soon yields to the distending force of this blood, and *dilatation* of the right side of the heart takes place. This enlargement of the cavity necessarily affects the right auriculo-ventricular orifice, and the tricuspid valve not undergoing a corresponding enlargement, becomes *insufficient* to close the opening. Hence, when the heart contracts, a portion of the blood in the ventricle is forced back into the auricle; in other words, *regurgitation* takes place. As we have shown, the venæ cavæ are emptying their blood into this right auricle: hence the blood thus brought finds a partially-filled auricle, and the vessels are unable to empty themselves: hence accumulations of venous blood in all parts of the body result, and the veins, distended beyond their capacity, relieve themselves by transuding the watery or liquid portion of their contents, and *dropsy* occurs. This is first noticed in the lower extremities, if the patient be on his feet, because the effect of the gravitation of an excess of blood has now to be overcome in the dependent vessels. Later, it shows itself in other parts of the

body, creeps up, as with these patients the thighs and, very generally, abdominal dropsy shows itself. With both of our patients this last may have been developed by the coöperation of two causes. The same venous congestion, which exists in the exterior vessels, may exist in those of the interior viscera. The hepatic veins emptying into the ascending cavæ, near the heart, would be among the first to be affected by this plethora, and hence congestion of the liver early occurs. This may relieve itself by hemorrhage or by serous effusion. With both these patients there is acknowledged the free use of ardent spirit, which taken, as they say they were in the habit of using it, on an empty stomach is a rapid provocative of that condition, known as cirrhosis of the liver, the necessary result of which is abdominal dropsy. Of this more will be said at a future time.

In both of the cases before you there is marked pulsation of the jugular veins, with unusual enlargement of the same. This, of course, is due to the patulous condition of the right auriculo-ventricular orifice permitting regurgitation, and the blood thus sent back to the auricle imparts the pulsation produced by the contraction of the ventricle to the blood in the auricle, the cavæ, the veins. We see it in the neck, because the large veins are there superficial, but is by no means limited to the jugulars. Although the dilatation of the right side of the heart is the most obvious proximate cause of dropsy, other changes in the tricuspid orifice may have their share in producing it. The rapidity of its development will depend on the distance of the valves first affected from the right side of the heart, and the amount of compensating influences set up in the left heart. Thus, mitral disease earlier develops it than aortic disease, while hypertrophy of the left ventricle may so compensate aortic narrowing as to be followed by little disturbance of the general circulation.

Can we remove the cause of these men's dropsy? I fear we cannot, as the organic changes are of such a nature and duration as to be but little affected by medicines. But we may afford great relief to our patients and prolong life, by coöperating with nature in removing the dropsical effusion. To accomplish this, we encourage the action of the various emunctories, the skin, the bowels, and the kidneys; which last structure, in both of our patients, appear but little affected. An occasional warm bath, the exhibition of the compound powder of jalap on alternate nights, and the free use of the acetate of potash, have been the measures resorted to thus far, and not without some apparent advantage. We have also, in the iodide of potassium, a remedy which, both as respects the organic disease and its consequences, is especially indicated.

You shall see the further results of this treatment at a future clinic.

EDITORIAL DEPARTMENT.

PERISCOPE.

MORAL INSANITY.

Dr. Thomas Mayo, in the *Medical Critic and Psychological Journal*, has the following observations on this subject:

"A state which may seem to deserve the name of Moral Insanity, as exhibiting a perversion of moral sentiments, tendencies, and perceptions, with no slight loss of self-control, must be recognized as often prominent in the early stage of mental disease, and before the intellect is palpably affected. When certain delusions, when delirium or incoherency supervene, the case obtains without question the name of insanity. While most cases begin in this way, a very palpable difference of a practical kind is made by many reasoners in nomenclature; some extending the epithet insane to all those who exhibit these moral phenomena, whether combined with intellectual perversion or not; others refusing to assign it, unless the intellectual lesion be also patent in the case. Up to this point in the history of mental affection the patient must be held, in their opinion, personally responsible for his conduct in a criminal sense; while, with those who are disposed to give moral phenomena an equal weight as pathognomonic of insanity with those of the intellect, the moral phenomena, which, with the former, are only recognized as having been insane, when an intellectual aberration has also occurred, are at once recognized as possessing an independent right to constitute a lunatic.

"Nearly allied with these views, I may mention a very important change which is wanting in the entire education of this country. Certainly, as applied to the higher classes, it assumes as its object the regulation of character contemplated only in its normal state. The *ordinary* vices of the young obtain correction; but of the *extraordinary* and *eccentric* or *abnormal* elements of defective characters the school or college is kept ostentatiously clear. That is to say, the persons laboring under them are not treated, but expelled; and yet such persons, not deserving to be called mad, form a large element of society. I will illustrate these remarks by a few cases, with the treatment which they have appeared to suggest. I was consulted, many years ago, respecting a boy who, as he emerged out of childhood, showed a strong tendency to low company, unreasonable likes and dislikes, to what may be called general recklessness of character, and deficient sympathy with others; at the age of thirteen he was sent to Rugby, and in a short time expelled from it, not roughly or depreciatingly, but as a case out of their department of education. But what was to happen next? It had clearly be-

come a case for the discriminating management of a private tutor. But the private tutor, a clergyman of course, was equally worsted. A respectable farmer was next had recourse to, as likely to gratify the boy's taste for lower company than appertained to his social position, in the most creditable, or least discreditable way. but this was turned by him to a bad account; and now sottishness and low company were closely besetting him. Consulted by his mother, I told her that the medical profession afforded to its members a larger knowledge of the human mind, than the church, the farm-house, or the public school, and that this knowledge was wanted to him who should pretend to manage her son; and I promised to look out for some young member of our profession, who would undertake to travel with her son. The plan was accepted, and it answered; that is to say, a downward progress was arrested, and the subject of it was raised to a much higher pitch of moral worth and steadiness of character, in which he has since remained. But a gentlemanlike tone of mind has never been reached by him.

"In another case of the same kind, circumstances permitted me to adopt a much bolder plan. He was a boy, aged about seventeen, who had by that time defeated almost every system of education, and had a fair chance of bringing himself to prison or the gallows, unless certain tendencies to indecency and to violence in his character either became sufficiently marked to render him irresponsible as an undoubted maniac, or could be arrested or placed within his control. This was in the year 1831. A very excellent establishment in my neighborhood, in which I believed he might obtain this wanting education, as well as the positive restraint which some recent outbreaks appeared to justify, on the plea of unsoundness, gave me the means of subjecting this youth to the firm and passionless surveillance which only an asylum, or a place conducted in some measure on the principle of an asylum, can afford. The proprietor of it was well known to me as a gentleman of excellent judgment and an amiable character.

"I took him to this establishment. in 1831, accompanied by his father and another relative, showed him at once into his apartment, and briefly told him why he was placed there, and how inflexible he would find his restraint until he should have gained habits of self-control. At the same time I pointed out to him the beautiful and wide grounds of the establishment, and the many enjoyments which he might command by comformableness. This I stated to him, in the presence of his two relatives, whom I then at once removed from the room. When I saw him about an hour afterwards, the nearest approach that he made to surprise or regret, was the expression, 'that he never was in such a lurch as this before.'

"For about a fortnight he conducted himself extremely well. He then lost his self-command, kicked his attendant, and struck him with a bottle of medicine. On this I went over to see him. He vindicated himself with his usual ingenuity, but looked grave and somewhat frightened when I told him that, if he repeated this offence, he would be placed under mechanical restraint, not, indeed, as a punishment, but as a means of supplying his deficiency in self-control. He expresses no kindly or regretful feeling towards his relatives; but confesses the fitness of his treatment and confinement. It appears to me that he is *tranquilized* by his utter inability to resist. From this time, during his stay at the establishment, which I continued for fourteen months, no further outbreak against authority took place. He ceased to be violent, because the indulgence of violence would imply risk of inconvenience to himself, without the comfort which he had formerly derived from it, in exciting the anger of his friends and giving them pain. His attempts at sophistry were thrown away upon us; his complaints of the hardship involved in the nature of the restraints imposed upon him—namely, the limitation to the grounds of an establishment, regular hours, and the constant presence of an attendant, were met by a calm affirmation that he had himself admitted the necessity of some control, and that he had surmounted every form of it. I encouraged correspondence with myself; but when any one of his letters was insolent and wayward I declined accepting the next letter until some time should have elapsed. He read much—for we supplied him with books; and I sometimes engaged him in literary conversation. Two or three times I obtained from him a tolerably well-construed Latin lesson. This, however, was to him a school of moral rather than intellectual advancement. A sustained attempt at tuition would have supplied, under present circumstances, too many opportunities of irritation between the teacher and the scholar. The temper requisite for the reception of knowledge and the cultivation of the intellect was being formed, and could not safely have been assumed. The same consideration induced me to postpone to him the motives and sanctions of religion. It gradually became observable, both to myself and the proprietor of the asylum, that he was becoming comparatively happy. He entered freely, and with little acrimony, into conversation with us. His complaints of the injustice of his detention became formal, and assumed the character of lodging a protest rather than making a remonstrance. Sometimes he very ingeniously admitted the freedom from unhappiness which he experienced in his present state, and compared it favorably with that in which he had previously lived, always wretched himself, but occasionally enjoying the miserable comfort of making others yet more wretched. In the course of several of my interviews, I observed the valuable influence exercised upon him by

the fear of becoming irregular in mind through the indulgence of intemperate violence. The establishment itself had supplied him with a few cases in point. One young man, who had struck his father, and from that time was a wretched maniac, drew his attention.

"He generally dined alone. Occasionally, and by invitation, with Mr. N——'s family. He associated with some of the patients. He never made any attempt to escape from the place; in fact, he felt himself mastered, and submitted. After he had been about a year in this place, he exhibited a trait of character which gave us pleasure. We found that he had given ten shillings to an attendant, by whom we had reason to believe that he had not been respectfully treated. But the increasing quietness with which he adverted to and remonstrated against his detention most tended to assure us that we might soon bring it to a close.

"The time, indeed, was now arriving at which it seemed reasonable to bring to a conclusion a method of treatment, which nothing could have justified in the case to which it was applied, except the extreme importance of the principle which it embodied, and the difficulty of finding any other means of carrying that principle into effect. Toward the end of the fourteenth month of his stay, I obtained for my young friend, as a private tutor, a gentleman in whose family he should reside on leaving the establishment with three or four other private pupils; and I determined he should be removed thither by one of those relatives who had conveyed him to the establishment. At the private tutor's my young friend was considered gentlemanlike and companionable; if opposed and thwarted, showed no symptoms of his ancient violence; waywardness was discoverable occasionally, but was no longer a property which defied self-control. On leaving his tutor's, at the end of about a year, in order to commence professional studies, he dined and slept at my house, and conducted himself in a cordial and agreeable manner.

"In order that the successful issue of this case, verified as it has been by my subsequent inquiries, may not place the system under false colors, I may observe that I do not think it could have been carried out in this form but for certain points of character existing in the patient which adapted him to the treatment applied. Without possessing active courage, he had much firmness and power of endurance; and although his scanty moral principle had not given him habits of veracity, yet he possessed in a high degree the tendency to think aloud; he was naturally frank. Indeed the openness with which he would let out those thoughts, which it was most his interest to keep secret in his evil days, was in constant contrast with the perfect unfairness and disingeniousness of his arguments in support of them or in vindication of his conduct. Now, the firmness of his character enabled him to endure what would have shocked weak minds —the name of a madhouse; while his frankness made it impossible for him to conceal his thoughts and feelings, and thus enabled both myself and the excellent proprietor of the establishment perfectly to estimate the effect of our measures on his character while they were proceeding.

"Quis teneat vultus mutantem Protea nodo?"

"In the above remarks I have endeavored to accomplish this kind of difficulty; for I have endeavored to discover means of identifying the moral phenomena of the insane state, as distinct from those which may be left to the expressive term, eccentricity. And, at the same time, I have proposed to establish certain practical relations between these states through a modified application of the same principles of treatment to both."

CONSERVATIVE AMPUTATIONS THROUGH THE FOOT AND ANKLE.

The probability of the occurrence to military surgeons of frequent occasions for amputations through the foot and ankle, gives the following appreciation of the operations of Syme and Pirogoff an importance at this time.

The correspondent of the *Medical Times and Gazette*, from Bonn, Switzerland, says, "that Professor Weber has recently given us a statistical comparison of the different amputations which are performed in the neighborhood of the ankle-joint, and which may be of some interest to your readers. The cases brought together have been collected from the German, English, and French Hospital Reports. As regards Syme's operation, much preparatory work to this had been done in the valuable work of Professor Günther, of Leipzig: 'Lehre von den Blutigen Operationen,' (A Treatise on Bloody Operations,) to which numerous plates are added; and there is also a well-written *thèse* on the results of Pirogoff's amputation by Dr. H. Kestner, of Strasburg, which appeared in 1857, and in which twenty-two cases have been collected. Altogether, 216 amputations have been published. Of these, 34 were made close above the malleoli, 101 according to Syme, with anterior flap, 40 according to Pirogoff, 8 below the astragalus, at first by Textor, later by Malgaigne, 21 according to Chopart. From these returns it appears that the amputation close above the malleoli and Chopart's method give the most favorable results as to mortality. In the first only three per cent. died; the amputations according to Syme and Pirogoff gave equal results, as 15 per cent. died by each of these methods. In the operation according to Baudens, 33 per cent. died, while the operation of Textor and Malgaigne, below the astragalus, shows only one death in 8 cases. This seems certainly to speak in favor of the amputation

above the malleoli, to which so many objections have been made; but, perhaps, a larger number of cases might give a different result. In the fatal cases operated upon according to Syme and Pirogoff, death was mostly due to gangrene of the heel having supervened; this is still more frequent if the flap is formed from the thin skin at the back of the foot, as is done in Bauden's operation. In Pirogoff's amputation, the number of cases in which gangrene was induced, amounted to 12, in Syme's to 20, in Bauden's to 25 per cent. Independently of this, however, the first-mentioned operations yield exceedingly favorable results; the stumps are always useful, and there is only one case known of Syme's operation in which the stump was so painful as to prevent walking; and only one case of Pirogoff's in which caries recurred, and a subsequent amputation became necessary. In this respect, the results are much more unfavorable in the amputation above the malleoli. The circular incision, even if a large cuff should be formed, is not nearly so good as the formation of a flap, especially if the latter is made posteriorly and sufficiently large. The complaint that a conical stump is generally the result of this operation, is of less moment than the continuous exulceration of the cicatrix which is apt to ensue; and in some cases it has even been necessary, in consequence of such an occurrence, to amputate the stump again. Some time ago, a patient, who was under the care of Professor Busch, of this University, and in whom both legs had been amputated close above the malleoli, was obliged to undergo amputation at the place of election on that account, which was successfully done. Amputation above the malleoli shows about 25 per cent. of unfavorable results; and the number of such is just as great after Chopart's operation; although in this town a number of successfully-performed operations, according to Chopart, have lately occurred in the practice of Professors Wutzer and Weber.

"The question, What is the cause of the drawing up of the heel? has been much discussed; and M. Szymanowsky has recently sought the reason of it in the form of the astragalus, which is narrower on the back than in front, and which is, therefore, driven forward and out of the niche between the malleoli; but the mere retraction of the tendon of Achilles does not seem to be a sufficient reason, as M. Verneuil has in several cases, in which he made an anatomical examination of the stump, found this tendon quite relaxed. The best means to prevent the drawing up of the heel, seems to be a union of the tendons of the back of the foot and the plantar flap; and in order to effect this, the latter ought to be made as large as possible, and the tendons ought to be left as long as possible.

"As the time which is required for the cure has, in many cases, some influence upon the choice of the method, and is especially to be considered in amputations made during war, I may mention that Professor Weber has found that the cases of Syme's and Pirogoff's operation in which the cure took less than a month, were far more numerous than such of amputation above the malleoli. Of this latter and of Chopart's operation, only 27 per cent. were cured in less than a month; but of Pirogoff's and Syme's more than 40 per cent. This circumstance, of course, does not absolutely decide the question; and the most important point will always be the complete removal of all diseased and the preservation of all healthy parts —a principle the correctness of which cannot be denied by even the most conservative surgeons.

"I conclude with a few remarks upon the method of operating in Pirogoff's amputation. During the last year, a controversy took place in the columns of one of your London contemporaries, between Professor Pirrie, of Aberdeen, and Mr. Watson, as to which of them had first made this amputation without previous disarticulation of the astragalus. I believe that both these gentlemen were led to the idea of simplifying the operation independently of each other; but I may remark that before either of them, Dr. Schultze, formerly assistant to Professor Pirogoff, had, in 1854, recommended that the calcaneus should be sawn through from below, to avoid disarticulation. No doubt it is more difficult in this operation to preserve the A tibialis postica, which is of the greatest importance, as the nutrition of the flap depends upon it; and I may also say that, in case the calcaneus should, contrary to what had been expected, prove to be entirely diseased, a subsequent disarticulation of the process would be attended with great difficulties; and it is always advisable that the surgeon should reserve to himself the possibility of eventually performing Syme's operation. The modification alluded to has, therefore, not met with much encouragement in Germany. Whether the tendon of Achilles ought to be cut through, and whether the sawing should be more or less oblique, must depend upon the rigidity or softness of the surrounding parts, which are often much infiltrated. If such is not the case, it is not difficult to put the sawed surfaces together; otherwise the means just alluded to must be employed. That the bones sawed through should be closely adapted to each other, is of the utmost importance for a rapid union; and this is the reason why some surgeons (for instance, Professor Langenbeck, of Berlin) have even united the bones by means of silver wires. But this is not always necessary. I hope that this communication may assist in setting aside some of the prejudices which still prevail with many surgeons in your country, regarding Syme's and Pirogoff's amputations, which have not yet been so extensively tried as they deserve."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 25, 1861.

HYGIENE OF CITY LOCOMOTION.

Our fathers walked from their homes to their places of business, and at a period not very remote they even scorned the protection of umbrellas from either sun or rain. They may have been less effeminate than we, but there are one or two other and very important items in the account. Fifty years ago our cities did not occupy anything like half the area that they now do, and the walk to and from one's place of business was not lengthy enough to necessitate any other mode of conveyance—and as to umbrellas, they are simply a comparatively modern invention. If, perchance, the merchants of those days enjoyed the luxury of a suburban residence, they had their own means of conveyance to and fro. As to the mechanic riding—the idea was preposterous—simply because the distance did not justify it, or, if it did, he had no means of conveyance. But the growth of our cities, and perchance of effeminacy, created a demand for frequent and cheap modes of conveyance between distant points, and demand creates supply. The omnibus took the field—or, rather, the paved street—some thirty years ago, and speedily became very popular as a means of conveyance. It had the elements of popularity—it was open to everybody, offered a measurably comfortable means of conveyance, and was cheap:

> "And those now ride who ne'er rode before,
> And those who always rode now ride the more."

Willis has celebrated some of his omnibus adventures in song. Many of our readers, with less poetry in their composition than he, have doubtless lively recollections of many a pleasing ride in those clumsy, jolting, dirty, ill-ventilated, truly democratic vehicles—which, did our societies for preventing Cruelty to Animals do their duty, would be loaded down daily with indictments, in lieu of passengers, for their sins against both man and beast.

But times change, and we change with them. Our cities continue to expand, the number of our business men increases, and the cost of conveyance has come within the means of the artizan and the day laborer. Hence a demand for increased speed and capacity in our modes of conveyance. Again, demand creates supply. The omnibus is voted a "slow coach" and a nuisance, and the city passenger rail-car comes in vogue. Whatever may have been done elsewhere to establish this mode of conveyance, we believe that to Philadelphia belongs the credit, if credit it be, of its general introduction, to the almost entire exclusion of the omnibus.

It is but little over three years since the first passenger rail-car began to run in this city, and now there is scarcely a point, however remote from its centers of business in any direction, that may not be reached within an hour, and this at an expense of only five cents. The popularity of this mode of conveyance is rapidly gaining ground. It has been definitely adopted in many of the large cities of the Union. The immense and wealthy omnibus interest in New York is loth to give way to it, but will be compelled to yield ere long. Our staid, conservative English friends are gracefully yielding to the innovation, and "that enterprising Yankee," Train, having laid his "tracks" and the foundation of an immense fortune in Birkenhead, is introducing "his system" of city passenger railways into London, and other large cities of the United Kingdom.

This, the latest development of city locomotion, being one that is not likely to be superseded very soon—though it will most probably speedily be modified, as regards its propelling power by the substitution of mechanical in place of animal force—we may with profit briefly discuss the general subject in a hygienic point of view.

Other things being equal, pedestrian locomotion has undoubtedly many and great advantages on the score of health over any other form. It offers the advantage of the essentials, exercise of body and mind, and exposure to the sun and air. But, on the other hand, the bodily exercise is not always well regulated, and the exposure, during hot weather, to the direct and especially the *reflected* rays on our sidewalks is often very prejudicial to health. There is one evil incident to city pedestrianism with us, which is operative at all seasons of the

year. It is *the too rapid expenditure of life-force for the purpose of economizing time—too rapid walking.* We see it every day, particularly on our principal business thoroughfares, and this rapidity of motion becomes intensified as we approach the sources of business vitality—the spinal centers of our cities—where the "money-changers" hold their seat of power. To look down from an elevated position on Chestnut or Third street, Broadway or Wall street, or Washington or State street, forcibly reminds one—bating the confusion of opposing currents—of the capillary circulation as seen under the field of the microscope. This rapid walking, especially when it has a full or an empty stomach, a burdened, troubled mind, and exposure to a hot sun as concomitants, lays the foundation of many diseases, and tends materially to shorten life. But, with our improved modes of conveyance, and the cheap rates of fare on our omnibuses and city railways, there is no doubt that many persons ride when it is entirely unnecessary, and the exercise of moderate walking is really essential to health.

Our commodious, comfortable city cars offer peculiarly strong temptations in this respect. To take a well-cushioned seat in a vehicle that glides along so smoothly and quietly as to almost cause one to forget that he is in motion, and to step out of one's own door or place of business, and all with the least possible exertion, and in a space of time that has scarcely afforded opportunity to exchange the compliments of the day with a friend, or to look at the stock and market quotations, or the telegraphic news in the morning or evening paper, is all very well for speed, comfort, and convenience, but it affords no opportunity at all for exercise. And then, these are the light lines in the picture; there are some shades which have not yet been drawn—and, indeed, sometimes the picture is all shade. There is often want of ventilation, which is especially felt when cars are over-crowded, some of our conductors seeming to regard their cars as travelers do their carpet-bags—incapable of being filled. Under these circumstances, passengers, particularly men, are often compelled to stand instead of sit, and sometimes in very uncomfortable and exposed positions. The air of the car becomes redolent of all kinds of odors, from the handkerchief-perfume of the belle to the bad whisky and bad tobacco-breath of the roué, mingled with the stifling dust of old hay and straw which every movement of the feet raises in clouds from the bottom of the car. These positive influences must be added to the negative one of lack of exercise in making up our estimate of the hygienic influence of our city passenger rail-cars. An advantage that must not be lost sight of, consists in the fact that this mode of conveyance gives our business population the opportunity of going out to the suburban sections of our cities to live, where they have the advantage of cheaper rents, more commodious houses, gardens, open lots, and fresh air, and if they will embrace the opportunity to work in their gardens, or otherwise take active exercise, the adverse hygienic influences they sometimes encounter in the cars, will be much more than counterbalanced.

A little more attention to the comfort and wants of passengers on the part of our railway companies, an enforcement of the rule to *stop* until passengers fairly get in and out of the car, more care to ensure proper ventilation, the use of mats on the floor of the car, which should be changed every trip, and care not to have cars over-crowded, would make these vehicles add to rather than detract from the hygienic features of city life.

DUTIES OF THE MILITARY SURGEON: HAVOC OF WAR.

There are no human calamities so little comprehended as those of war. Its pomp and circumstance make more impression than its attendant horrors. There seems to be a poetry in the conflict of arms, which glosses over and conceals beneath a mask of romance its real frowning face of tragedy.

War is popularly associated only with deeds of chivalry, and the march of sturdy men to the sounds of martial music and with flaunting banners; or, at the worst, with a glorious death on the battle-field. The invariable attendants of crowded hospitals, generating pestilence, reeking with stench of foul sores and exhausting wounds, and made ghastly by the wasted forms of soldiers, dying, or but lingering for a

final release from suffering—all these form another tragedy, but which is played behind the scenes. Dead men tell no tales, and the sick are away from the public view.

This terrible finale of strife is the act of the drama in which the medical man plays his part. It is not strange, then, that his view of war should be a sad one. From no source can we get such an appreciation of the miseries of a campaign as from its medical history. Larrey's memoir of Napoleon's wars is the only history which gives a real account of their dreadful ravages.

The immense duty of military surgery after a great conflict, may be illustrated by the battle near Moscow. At this battle, where there were between five and six hundred thousand combatants engaged, of whom thirty-three thousand were killed or wounded, Larrey performed more than two hundred amputations during the succeeding twenty-four hours. In this single attack about eighty generals were killed, including those in both armies. Larrey says that the battle was opened by the simultaneous discharge of *two thousand pieces of artillery.*

As an illustration of the innumerable wounds inflicted, it may be mentioned that Larrey reports that at the military hospital near Dresden he visited two thousand six hundred and thirty-two, who were wounded *in the hands alone.*

The almost entire destruction of Napoleon's army, from cold and hunger, on the fatal retreat from Russia, and the annihilation, many years previously, of an entire division of the army of Charles XII., from the same causes, and on almost the same track, are instances of great loss of life in war, from other influences than wounds or pestilence.

Napoleon's wars are said to have destroyed six millions of lives. As instances of the slaughter at some of the most important battles, it is estimated that at Borodino eighty thousand were slain; at Waterloo, seventy thousand; at Eylau, sixty thousand; at Austerlitz, thirty thousand. Other great battles are recorded which were still more fatal. At Fontenoy one hundred thousand were killed; at Arbela, three hundred thousand; at Chalons, more than three hundred thousand.

In the battles of Julius Cæsar, four hundred thousand Usipetes were slain in one, and in another four hundred and thirty thousand Germans.

The army of Xerxes amounted to 5,283,320; and, if the attendants were only one-third as great as common at the present day in Eastern countries, the sum total must have reached nearly six millions. Yet, in one year, this vast multitude was reduced, though not entirely by death, to three hundred thousand fighting men; and of these only three thousand escaped destruction. Jenghis-khan, the terrible ravager of Asia in the thirteenth century, shot ninety thousand on the plains of Nessa, and massacred two hundred thousand at the storming of Kharasm. In the district of Herat, he butchered one million six hundred thousand, and in two cities, with their dependencies, one million seven hundred and sixty-two thousand. During the last twenty-seven years of his long reign, he is said to have massacred more than half a million every year; and in the first fourteen years, he is supposed, by Chinese historians, to have destroyed not less than eighteen millions; a sum total of over thirty-two millions in forty-one years.

At the seige of Londonderry, more than fifteen thousand were killed; in that of Paris, in the sixteenth century, thirty thousand victims of mere hunger; in that of Malplaquet, thirty-four thousand soldiers alone; in that of Ismail, forty thousand; of Vienna, seventy thousand; of Ostend, one hundred and twenty thousand; of Mexico, one hundred and fifty thousand; of Acre, three hundred thousand; of Carthage, seven hundred thousand; of Jerusalem, one million.

The Spaniards are said to have destroyed, in forty-two years, more than twelve millions of American Indians. Grecian wars sacrificed fifteen millions; Jewish wars, twenty-five millions; the wars of the twelve Cæsars, in all, thirty millions; the wars of the Romans, before Julius Cæsar, sixty millions; the wars of the Roman Empire, of the Saracens and the Turks, sixty millions each; those of the Tartars, eighty millions; those of Africa, one hundred millions.

Although the weapons used in modern battles have been much more destructive than

were those of ancient times, the resources of medical science have done much to lessen the mortality of war. From hemorrhage alone, a vast number must have died in antique battles, as wounds were then more of the incised character than at present, and the means of arresting the flow of blood were unknown. Pestilence was more fatal then, as in the Holy Wars, than it has been in modern times. The cruelty of the victors, who went over the field killing the wounded, added much also to the number of dead.

ALLEGED DEATHS FROM INHALATION OF SULPHURIC ETHER.

The following circular from Dr. Hodges, intended to correct a misapprehension, is commended to the notice of our readers. We trust that every facility will be afforded the committee in the prosecution of their inquiries on this important subject:

"*Boston, May*, 1861.

"The undersigned, Chairman of the committee appointed by the Medical Improvement Society of this city to investigate alleged deaths from the inhalation of sulphuric ether, desires to assure the profession that the investigations of that committee are not of a partisan character, and have no relation whatsoever to the so-called "Ether Controversy." As an impression exists at a distance from here that the circulars which have been so largely distributed by them have some connection, either antagonistic or friendly, with the measures at present being taken in favor of Dr. W. T. G. Morton, this denial will, it is hoped, suffice to convince those gentlemen to whom they have been addressed, that no ulterior motive is concealed, and that no use, other than that stated in the circular, viz: to prove or disprove the absolute safety of inhaling pure sulphuric ether, will be made of their replies. "R. M. Hodges, M.D."

—o—

"*Nobody Hurt!*"—The official report of Surgeon-General Gibbes, of the South Carolina forces, concerning the attack on Fort Sumter, is published in the Charleston papers. It is dated April 16. He says: "I have the unexampled privilege of stating that no serious casualty has occurred during the vigorous action of thirty-three hours of reducing Fort Sumter. Four trifling contusions are reported at Fort Moultrie, but none at other posts, and it is a subject of extreme gratification that even in the management of heavy ordnance by new recruits and volunteers, no accident to life or limb has occurred."

It will be remembered that there was no loss of life either in Fort Sumter. This is one of the most remarkable facts on military record.

NEWS AND MISCELLANY.

Surgeon-General of Pennsylvania.—The Legislature of Pennsylvania has passed an act authorizing the Governor to organize a volunteer force of fifteen regiments, and modify the military forces of the State. The medical organization is to be regulated by the act, as follows:

"Section 5. The chief of each staff department shall, under the direction of the Governor, have command over all subordinate officers in his department, and shall, from time to time, issue orders and instructions for their government and practice.

"Section 10. That there shall be a hospital department, which shall be supervised by the Surgeon-General, who shall be a member of the grand staff, with the rank of colonel; and, to each division, when in actual service, there shall be a hospital surgeon, with the rank of major; and to each brigade, when in actual service, a hospital surgeon, with the rank of captain—said officers to be appointed and commissioned by the Governor, and, except the Surgeon-General, to be first examined and recommended for appointment by the Surgeon-General, and a board of such other surgeons, not exceeding three, as he may direct. The rank of all said officers shall not entitle them to promotion in the line, nor shall it regulate their pay and rations, except when in actual service, under a requisition from the President of the United States, or the proclamation of the Governor; and all the surgeons and surgeons' mates, now or hereafter to be appointed, shall be examined by the Surgeon-General and a board of surgeons, not exceeding three, as he may direct, and the qualifications and fitness of all surgeons, and applications for appointment as such, shall be reported, in writing, to the Governor."

Under this law, the Surgeon-General becomes a most important office, and much of the efficiency of the organization will depend on his energy and judgment. The provision for the examination of all candidates for medical appointments is just what it should be, and must exercise a valuable influence on the welfare and efficiency of the troops.

The Governor of the State has, in accordance with the above sections of the act, appointed Professor Henry H. Smith, of the University of Pennsylvania, to the office of Surgeon-General. The selection of this gentleman for that responsible station will be universally satisfactory. His eminent position in the profession, and his systematic business habits, will insure high administrative ability at the head of the department.

The irregular and indiscriminate manner in which surgeons to the volunteer forces in this State have heretofore been appointed, has been discreditable to the authorities, and will prove

a misfortune to the troops. The present organization of the department will render it equal to the medical staff of the regular army.

Pennsylvania State Medical Society.—We would call the attention of our readers to the following circular:

Philadelphia, May 18, 1861.

The Committee of Arrangements of the Medical Society of the State of Pennsylvania, after consultation with members of the profession in all parts of the State, has concluded that it will be inexpedient, in view of the unusual circumstances of the present season, to hold the proposed meeting at Pittsburg this year. With the approval of the officers of the Society, therefore, the Committee deems it right to announce the *postponement* of the Convention of the Society; to meet at the same time and place, *next year*.

It is desirable that information of this postponement should be extended as far as possible among the members of the different County Medical Societies.

H. E. Drayton,
Jos. Carson,
Wm. Mayburry,
A. Nebinger,
H. Hartshorne,
Committee.

Medical Association of the State of Georgia.—The annual meeting of this association took place at Atlanta on the 10th and 11th of April. According to the minutes published in the Atlanta *Medical and Surgical Journal*, there were forty-eight members present, one half of whom lived in Atlanta.

Dr. Banks, of Griffin, was chosen President. Drs. Alexander, of Atlanta, and Taliaferro, of Columbus, Vice-Presidents, and Dr. A. G. Thomas, of Atlanta, Secretary. Dr. Taliaferro, of Columbus, presented an interesting report on typhoid fever, which is published in the current number of the Atlanta *Journal*. Dr. Means delivered the annual address.

A committee, of which Dr. Logan was chairman, "On the Relations of this Association with the American Medical Association," presented a preamble and resolutions, of which the following is the fourth and final:

"*Resolved*. That in accordance with the foregoing preamble and resolutions this association will be no longer represented in the American Medical Association, and hereby declare its *complete and final separation from that body.*"

In accordance with another resolution the other Southern States are invited to unite in the formation of a new Medical Association for the South.

A series of important resolutions on the registration of births, marriages, and deaths was adopted, and it was made the duty of the officers of the meeting to bring the subject before the State Legislature.

Foundling Hospitals.—In the year 1855, 1,334 infants were left at the Orphan Asylum of Oporto; of these, no less than 368 died (195 boys and 173 girls.) 58 died of the thrush, 27 of marasmus, 25 of dysentery, 24 of weakness, 29 of epidemic cholera, 17 of syphilis, 16 of jaundice, 14 of anasarca, 11 of ophthalmia with dysentery, 10 of choleraic diarrhœa, 9 of eclampsia, etc. As to the age of these infants, it is observed that 205 died within the first month, 31 within the second, 16 within the third, and 5 within the fourth; the numbers gradually diminishing to the twelfth month.—*Dublin Medical Press.*

Dr. Juriah Harriss retires from the editorial management of the Savannah *Journal of Medicine*, and Dr. A. B. Tucker takes his place. Dr. R. D. Arnold is associated with Dr. Tucker. The work is changed from the bi-monthly to the monthly form.

Answers to Correspondents.

Dr. W. J., N. J.—The last edition of the U. S. Dispensatory was published in 1858, and was the eleventh. The next edition will undoubtedly be enriched by Dr. Wood's observations on subjects connected with materia medica and therapeutics during his protracted absence in Europe.

Dr. O. C. G., N. Y.—Your article was received. It was not published, because we did not think the game worth the bagging. Our policy toward all irregulars, is to give them as little notoriety as possible. That is what they live on.

Dr. W. V., Pa.—Vaccine matter received. More will be acceptable, as we are having constant applications for it. We supply our subscribers simply as a matter of accommodation.

Communications Received.

Connecticut—Dr. C. H. Pendleton, with encl. *Delaware*—Dr. J. A. Draper. *Illinois*—Dr. J. A. Brown, with encl.; Dr. W. McKnight. *Massachusetts*—Dr. R. M. Hodges. *New Jersey*—Dr. W. Johnson; Dr. J. H. Pugh. *North Carolina*—Dr. L. W. Martin. *New York*—Dr. P. Barnes, with encl.; Dr. G. K. Smith; Bailliere Bros., with encl., for Dr. Peters; Dr. L. Bauer. *Ohio*—Dr. W. P. Spurgeon, with encl.; Dr. S. Bonner; W. S. Merrill & Co., with encl.; Dr. Q. P. Walker; Dr. J. W. Vance. *Pennsylvania*—Dr. T. B. Cooper; Dr. A. P. Dutcher; Dr. W. Voss. (2;) Dr. J. W. Eldred, with encl.; Dr. H. F. Martin; Dr. S. A. Robinson; Dr. W. H. Harris, with encl.; Dr. A. M. Sigmund, with encl. *Rhode Island*—J. G. White; Dr. S. S. Drury, with encl.; Dr. L. W. Briggs, with encl.; Dr. S. A. Martin, with encl.; Dr. J. J. Ellis, with encl.; Dr. O. Bullock, with encl.; Dr. D. W. Murchant, with encl.; Dr. W. Cook, with encl.; Dr. W. H. Green, with encl.; Dr. R. H. Rice, with encl.; Dr. N. Green, with encl.; Dr. D. King, with encl.; Dr. A. R. Davenport, with encl.; Dr. T. A. Hazard, with encl.; Dr. J. D. Walch, with encl.

Office Payments.—Dr. J. R. Levan, Pa.; Dr. John Flynn, M. Swift. By Mr. Hulme, N. J.: Drs. A. A. Howell, L. Jemison, G. R. Bartholomew, S. Gulick, S. E. Freeman, A. Tregonowan, J. G. Shackelton, E. Taylor, T. G. Chattle, W. S. Kimball, and C. A. Vandaveer. By Mr. Swain: Drs. Sharp, C. J. Nice, Bean, J. Flynn, Schmaltz, Beaumont, and Dr. McClenachan, (adv.)

Aug 19 1862

LETTER TO A YOUNG PHYSICIAN.

By PROF. JACKSON.

ANOTHER LETTER to a Young Physician, to which are appended some other Medical Papers,

By JAMES JACKSON, M.D.,

Professor Emeritus of the Theory and Practice of Medicine in Harvard University.

CONTENTS.—Letter on the Utility of Medicine. Note 1. John Lowell. 2. Extract from Letter to Dr. Forbes. 3. Rebecca Taylor. 4. Mr. Prescott.

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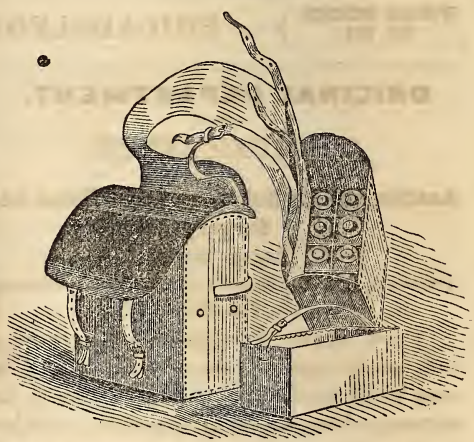

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" "	1	Mortar,	"	"		$19 00
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" "	14	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$15 50
No. 3, containing	18	1 oz.	Ground Stop.	Bottle		
" "	10	½ oz.	"	"	and	
" "	4	Pots,	"	"		$12 00
No. 4, containing	20	1½ oz.	Ground Stop.	Bottles	and	
" "	2	Pots,	"	"		$8 50
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" "	18	1 oz.	"	"		
" "	18	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop.	Bottles,		
" "	14	1 oz.	"	"		
" "	14	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$16 50
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" "	14	1½ oz.	"	"	and	
" " 4	4	Pots,	"	"		$13 00

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 241. | PHILADELPHIA, JUNE 1, 1861. | NEW SERIES, VOL. VI. NO. 9.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M.D.,
Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 43.

Cervical Region—(*Continued.*)—In proceeding next to a description of the other elements of the neck it will conduce, in no small degree, to the accuracy of our subject to apportion it into territorial districts. There is nothing new in this, having been adopted by almost every writer on regional anatomy. The *median* and *lateral* regions form the first general division, each of which, for reasons not arbitrary, but anatomical, must be divided into a *sub-hyoid* and *supra-hyoid* region, according as they are above or below that bone. This separation is founded in the existence of a leaf of the deep fascia, which is uninterruptedly connected from the angle of the jaw and styloid process (*stylo-maxillary ligament*) along the stylo-hyoid ligament, great corner and body of the hyoid bone to the mesial line. Any of the normal constituents, which pass from one to the other, invest themselves with prolongations derived from the partition membrane, and which are so closely attached to their surface as to admit of no communication whatever. Let me here repeat, again, that these and similar membranous extensions in the neck, make circumscription the rule in most pathological products seated deeper than the superficial fascia.

Viewing the neck laterally, the idea of a quadrilateral figure irresistibly comes up in the mind; the four sides of which are, the clavicle below, the base of the jaw, and the mastoid portion of the temporal bone above, the middle of the neck on the inner and the margin of the trapezius muscle on the outer side.

This square is divided into two large triangular spaces by the diagonal course of the sterno-cleido mastoid muscle. These spaces are called the *anterior* and *posterior cervical triangles.*

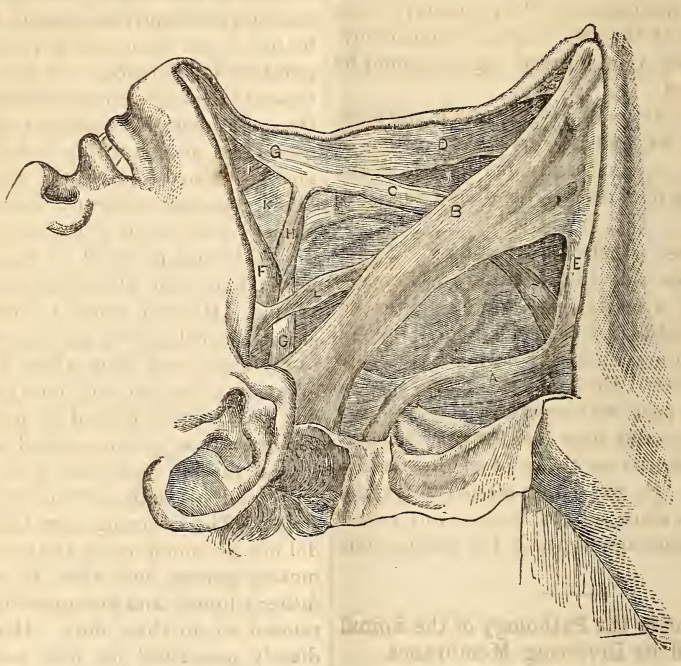
The sterno-cleido mastoid arises from the sternum and clavicle and is inserted tendinously into the mastoid portion of the temporal bone and the outer extremity of the superior semicircular line of the occipital bone. The sternal and clavicular attachment presents a cellular interval, and not unfrequently the clavicular portion shows a tendency to separate into two heads. This part of the muscle varies greatly as to the extent of its clavicular connections, sometimes running back full one-half the length of the bone.

Omo-Hyoid Muscle.—This muscle arises from the body of the hyoid bone, alongside the sterno-hyoid, and descends the neck closely in contact with the outer edge of the last-named muscle. When opposite the cricoid cartilage it begins to incline toward the sterno-cleido mastoid, underneath which and over the sheath of the carotid vessels it passes, there becoming tendinous, and appears, emerging from beneath its posterior border, again fleshy and prolonged beneath the trapezius to the upper border of the scapula, into which and the coracoid ligament it is inserted. This muscle is inclosed in a distinct leaf of the cervical fascia. Its transverse course from the hyoid bone to the shoulder divides each of the two primary cervical triangles formed by the sterno-cleido mastoid muscle into two others, which are called *anterior superior* and *anterior inferior*, according as they are in front of the sterno-cleido mastoid, and above or below the anterior belly of the omo-hyoid, and *posterior superior* and *posterior inferior*, according as they are behind the sterno-cleido mastoid muscle and above or below the posterior belly of the omo-hyoid.

Out of the anterior superior cervical triangle are constructed two additional spaces or re-

gions, the *submaxillary* and *parotid;* the first in front, and the second behind the stylo-maxillary ligament, and both above the digastric muscle. The digastric muscle consists of two fleshy portions (G. G. Fig. 38) connected by an intermediate tendon. It arises from the digastric groove upon the temporal bone, covered in by the mass of muscular tissue attached to the mastoid process of that bone, passing through the stylo-maxillary ligament, it next pierces the

Fig. 38.



stylo-hyoid muscle, becoming looped down to the hyoid bone by a ring of deep fascia; from thence it is continued on fleshy, to be inserted upon the inferior maxillary bone near its symphysis.

Fig. 38 will serve to illustrate the foregoing observations: — A, trapezius; F, base of the jaw; E, clavicle; D, median line, forming the four sides of the cervical square; B, the sterno-cleido mastoid; F, B, D, the anterior cervical triangle; A, B, E, the posterior cervical triangle; C, C, the omo-hyoid muscle, creating four triangular spaces out of the last two; A, B, C, the posterior superior, and B, C, E, the posterior inferior triangles; B, F, C, the anterior superior, and B, C, D, the anterior inferior triangles. Crossing from the ear toward the chin is seen the digastric muscle, G, G; piercing by its tendon the stylo-hyoid muscle H, and taking from the anterior superior triangle a considerable space, which in turn is divided into two by the stylo-maxillary ligament L; the one in front the sub-maxillary, the one behind the parotid region.

The last cervical region requires a considerable displacement of structure to expose it to view. It is the *sterno-clavicular*, being placed behind that articulation.

These regions may be tabulated as follows:

MEDIAN CERVICAL REGION, { Supra hyoid region. and Sub-hyoid region.

LATERAL CERVICAL REGION.

Supra Hyoid { Sub-maxillary and Parotid.

Sub-Hyoid { Anterior triangles and Posterior triangles { Anterior superior triangle. Anterior inferior triangle. Posterior superior triangle. Posterior inferior triangle.

STERNO-CLAVICULAR REGION.

Let us proceed to study the *Median* cervical region, and especially that part below the hyoid bone, between it and the top of the sternum. It is traversed by respiratory, vocal, and alimentary organs. On its surface are to be distinguished successively from above, downward, as illustrated in fig. 35 or 36, the hyoid bone, the

thyroid cartilage, (pomum Adami or Adam's apple,) the cricoid cartilage, and the supra-sternal fossa; the last abruptly defined laterally by the tendinous origins of the sternal portions of the sterno-cleido mastoid muscles. The operations most commonly practiced in this region are tracheotomy, laryngotomy, or a combination of the two laryngo-tracheotomy. Its importance as a surgical region cannot be over-estimated.

As the law of symmetry pervades in the main the cervical, as well as the other portions of the body, we are naturally led to regard the mesial line as important ground, and very properly so.

The muscles which lie nearest to it do not pass from one side to the other. They are connected by a fascial membrane: neither do any great blood-vessels entrench upon it, though by very small branches they may communicate across this line. The most superficial inspection of this part will convince the observer that the respiratory tube recedes from the surface in proportion as the root of the neck is approached. In the supra-sternal fossa the trachea in an adult subject, without any excess of adipose tissue, lies beneath the surface, one inch.

Contributions to the Pathology of the Spinal Cord and its Investing Membranes.

Read before the Brooklyn Medico-Chirurgical Society.

By Louis Bauer, M.D.,

Of Brooklyn.

[Concluded from page 155.]

Case 12. Complete paraplegia of eight years standing; paralysis of detrusor urinæ; partial loss of virile functions; no permanent relief.

This case refers to a young Southern gentleman, aged twenty-three years, of highly-cultivated mind. The members of his family were all full, robust, and exceedingly handsome, and he was no exception. Above the medium size, he was well proportioned, and though for eight years an invalid, more or less forced to confinement, having been subjected to various modes of treatment, yet his general health seemed to be unbroken, his exterior unchanged, and the chest and arms indicated still the frame of a powerful youth. As far as I could learn, no disease of a similar character had made its appearance in his family, nor was there any special morbid disposition extant.

The first intimation the patient had of his approaching difficulty, was, at the age of fifteen, when a pupil at a boarding-school. Having been used to vigorous exercises in riding on horseback, hunting, and fishing, and exposing himself to all sorts of atmospheric influences, hardships, and privations attending such sports, he had borne them with perfect ease and comparative indifference, and never before experienced the slightest impression upon his health. One afternoon he indulged with his schoolmates in a play in which he had to run much, and overheated himself, the temperature being high. The lads continued their game in racing home. Always one of the first, if not the very first, this time he could not keep pace with his mates, and with all his exertions he was left behind. His own words to this effect are, "I struck out boldly, but my feet seemed to return to the same spot from which I raised them." When he at last arrived home he felt exhausted, and was literally bathed in perspiration. His condition was so unexpected and exceptional to him that he immediately informed the principal and his father, who is himself a physician. The following days he kept quiet, and did not so much notice the change in his locomotive powers, but when he returned to his father's house, and attempted to walk, his legs refused to do their duty. His father immediately prescribed for him, and among other things used electricity for some weeks, by which treatment he recovered in a lapse of two months the use of the extremities, although not in the same perfection. It was deemed desirable to send him North, and it was hoped that traveling would completely restore him. He went to the White Mountains, and gradually acquired so much strength as to indulge again in pedestrian tours, from which he derived no inconvenience, save an unusual burning sensation in the soles of his feet. About returning to New York, and burdened with his carpet-bag, he arrived at the station just when the train was leaving, and had to run several yards in order to overtake it, which he succeeded in doing. In the cars he placed himself by a window in a heated condition, and thinks he was suddenly cooled by the draught. On the route he already felt disagreeable sensations, and, on his arrival in New York, was almost helpless. An eminent surgeon was immediately sent for, who ordered a seton to the back and gave him strychnia. Under this treatment, in three weeks, he became perfectly paralyzed,

and has changed but little during the succeeding years.

After having exhausted the advice of the most prominent physicians of the country, he went to Paris, and consulted Professors Magendie and Cruveilhier. After having consulted these gentlemen who pronounced his disease hydrorachia, and expressed but little hope for his relief, he went to London, and subsequently to Brighton, where he remained for two years. Having derived no benefit whatsoever, from the use of anti-rheumatics, absorbents, tonics, and alterants, including strychnia and arsenic, he placed himself at last under the charge of a quack, whose treatment consisted in cold baths, cold injections, aromatic frictions of the affected extremities, from which he derived some benefit in the regulation of his alvine functions, and promoting the nutrition of his paralyzed members, leaving his paralysis essentially the same.

For a few years, the patient resigned himself to his apparent fate, and dismissing all further treatment. When he was eight years thus affected, he placed himself under my charge. Being examined on that occasion, his disease presented the following features: The lower half of his body completely paralyzed. Sensation extinct, save in a few isolated spots. His volition had completely vanished, from which there was not one single muscle excepted; whereas the muscles were at times thrown into a perfect rigor by reflex actions. This action could at any time be excited in the several muscular groups, although their intensity might vary. Sometimes tremor or twitchings would ensue; at other times, tonic spasms. In order to bend his extremities when in a state of great rigor, he resorted to a blow into the popliteal space, in which case the flexors and extensors of the foot would alternately contract and relax, so as to shake the knee with rapidity. Sometimes this rigor lasted for days, and was so intense as to allow the patient to stand upon his extended legs when placed in a corner. At such periods he always felt worse, and when the muscles were spontaneously relaxed he felt very much better. These reflex actions made their appearance at times without any sensible cause; at other times they followed upon exertions, and their duration varied from minutes to hours. Nothing would produce them more certainly than irritation of the large toes and the glans penis, and nothing controlled them better than the forcible flexion of the toes. The same observation I have made in similar cases. The limbs were greatly attenuated and rather cool, although the venous circulation seemed not to be impeded, and the color therefore normal. When the reflex actions were most violent, the patient would complain of the sensation of electric discharges along the nerves of the lower extremities, but usually the feeling of numbness prevailed. His alvine functions were rather sluggish, but susceptible to mild aperients. The sphincters vesicæ and ani seemed to act well, at least no incontinence was observed; whereas the body of the bladder was so completely paralyzed as to require mechanical compression above the symphysis pubis in order to empty it. He experienced, at long intervals, seminal emissions with little sensation, and he was not entirely disqualified for the performance of coitus. On inspecting the spine, nothing was observed as to change of form; it had retained its perpendicular position, with a moderate diminution of the natural curves, especially in the lumbar portion. Percussion rendered the ordinary resonant sound of the intestines, and conjointly with hot sponge and interrupted electricity evinced the second lumbar vertebra to be tender. A similar tenderness of an ephemeral character was noticed at other places, and especially on the third and fourth thoracic vertebræ. The position of the body had no influence upon the extent and intensity of the symptoms. The rest of the vital functions were in good order, and require no special notice. The urine contained a superabundance of phosphates.

The diagnosis was evidently obscure. I could not, however, reconcile my views with hydrorachia. In the first place, I should have expected a dullness of the spine along the seat of the water, although this is a mere speculation. Secondly, I should premise in hydrorachia the symptoms would be modified by change of position; and, in fine, I was inclined to attribute to over-exertion much more the cause of the disease than to rheumatism, of which the patient had had no previous cognizance. It could not be doubted that the disease had rather a peripheral seat, for the essential structure of the cord was externally made, whilst the central or ganglionic portion seemed to have retained, if not exceeded, its energy. Moderate compression was therefore compatible with the symptoms. At any rate, it could not be decided with positive certainty, whether the structural integrity of the spinal cord had suffered to such an extent as to exclude all

hope of improvement, or whether the disease had essentially located in the membranes, and communicated itself in the course of time to the cord. In order to derive as much diagnostic elucidation of the case as possible, I appealed to a higher and greatly appreciated source of experience by inviting Prof. Alonzo Clark to see the patient with me. His most rigorous examination of both the past and present condition of the patient did not throw more light into this obscurity. In one point we agreed completely, that is in rather a hopeless prognosis.

The patient, however, determined to take his chances, entered upon the succeeding treatment with heroism. Presuming that inflammation, more or less still persistent, and its products upon the spinal cord, were at the bottom of the difficulty, I resolved upon an anti-phlogistic, absorbent treatment, and for this purpose I preferred gradual mercurialization by the methodic inunction of blue ointment, supported with restricted diet, warm bath, occasional local depletion by artificial leeches and setons on either side of the spine. Four weeks almost elapsed before the patient was brought thoroughly under the influence of mercury, when I suspended for about ten days all treatment in order to resume it again, when I allowed free salivation to take place. This treatment reduced the patient in weight twenty-six and a half pounds, rendered him, figuratively speaking, almost transparent. At the tenth week, salivation gradually subsiding, I commenced with Blancard's pill and generous diet. It was at this time that he showed the first signs of improvement. The reflex actions were subdued, the sensation increased, the adductors of the thigh, the flexors of the toes and feet, could be moderately used. The discharge of the urinary bladder could be more easily effected, preceded by more healthful sensation of its contents. Erections of the penis were noticed, and the hyperneuse sensitiveness of the spine had almost vanished. These improvements were, however, of but short duration, extending not more than a fortnight, when the old complex symptoms set in again. I made no further attempt at radical cure, but concentrated my attention on building up the general health of the patient, in which I succeeded.

After five months of treatment, the patient left for his Southern home without hope, and resolved to acquiesce in his misfortune. His youth, however, did not allow him to rest therewith. A year had scarcely elapsed when he induced me to write in his behalf to Professor Romberg, of Berlin, and to submit his case to that distinguished gentleman's opinion. His decision was by no means calculated to discourage the patient, and he journeyed to Berlin, and as far as I know is under Prof. Romberg's care.

The correspondence which I had with Prof. Romberg on the case of Mr. P. has been the source of great information to me, of which I may thus much allude to, that Prof. R. disapproves in unmeasured terms the premature use of all stimulating remedies, especially of strychnia and electricity in diseases of the spinal cord and its membranes, in his experience, rendering almost every incipient case incurable.

My clinical records contain a much larger number of cases appertaining to the spinal cord and its membranes; some of which at least are not inferior in physiological and pathological interest to those related. But my paper has already exceeded the time prescribed by the rules of the Society, and I do not wish to impose upon your indulgence longer than is absolutely necessary to give my communication interest and character.

I will, therefore, conclude with a few marginal remarks on the management of paraplegic patients with reference to their comfort and ease. These unfortunate beings are mostly doomed to domestic confinement for continuous years; they can but little change their position; they are liable to bed-sores and cutaneous sloughing; their passages require domestic facilities outside of the ordinary provisions, and so forth. It is of vital importance to furnish such patients with a bed so pliable and elastic as to sustain the weight of the body on every point, and to remove the pressure from those particular regions that are especially susceptible to decubitus, as, for instance, the heels, the sacrum, and the spine. Nothing meets this indication better than the water-bed, which is, besides, a most delicious luxury. Next in value is the air-matress. Both being made of India-rubber they prevent the free evaporation of sweat, and would thereby favor excoriation of the integuments, unless well covered with comforters and blankets. The apprehension of a bad odor from such beds is unfounded, because the same material that prevents the escape of water and air will effectually protect against the *emanation* of odor. Moreover it is only in new water and air-beds in which it generates.

On the second change of their contents the odor disappears entirely, and the same water or air may be used afterward for twelve or more months without the slightest change. Under the use of water or air-matresses bed-sores will readily heal.

The following salve I have found very serviceable in relieving bed-sores:

R.—Glycerinæ optimæ, - ʒv.
Coque et adde.
Amyli - - - ʒj.
Liq. plumbi subacetatis, ʒss.
Extr. belladonnæ, - gr. iij.

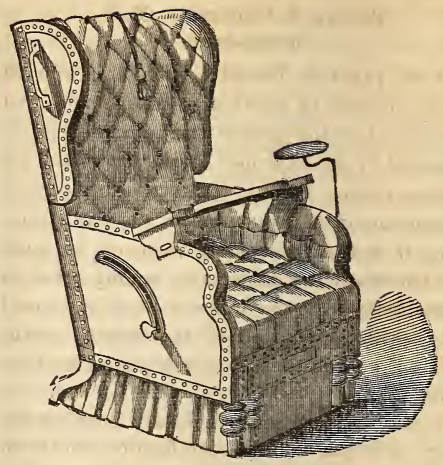
Mix well and make into an ointment.

There are some ingenious contrivances which may be usefully employed to render the patient somewhat independent of his nurses, and to give him locomotion:

1st. King's chairs, which provides an easy and well-supported seat, with reclination of the back.

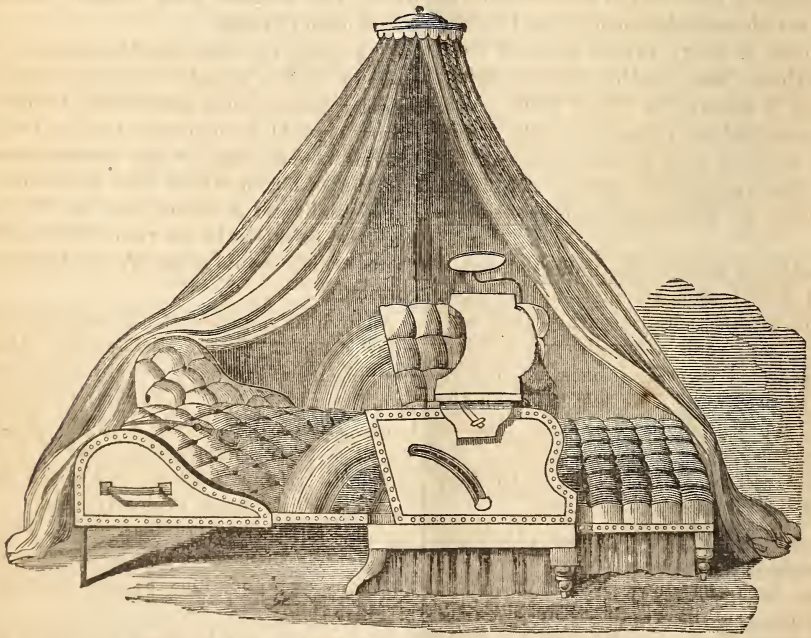
2d. C. L. Taillant's chair for invalids, a complicated but exceedingly useful construction for hemiplegic patients, which may

Fig. 1.



be used as a simple chair, with or without reclination or as a bed; it has facilities for reading, for meals, for self-raising, etc. etc., and is in fact the most complete apparatus of this kind I know of. The patentee lives at No.

Fig. 2.



403 Fourth avenue, New York, and, as the invention of Mr. Taillant's chairs for invalids is comparatively recent, I have procured some diagrams of its construction, which I submit to the society.

3d. Rolling chairs by which the patients may on an even ground propel himself, or be pushed by a nurse. I have seen several of them which compete in ingenuity and perfection, but I am unable to give the names of the inventors or diagrams. Some are exhibited on Broadway, where they may be inspected.

Trismus.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

In my paper on Dental Anomalies, I alluded to the process of maxillary enlargement, and exhibited how the process was, in part, counterbalanced by an improper extraction of the deciduous teeth. I further showed how certain derangements of the dental organs was a common, if not a necessary, sequence to such abridgment of the arch; and, among other ill effects, referred to the impossibility of a natural and healthy evolution of the wisdom teeth, and to the conditions favoring periodontal inflammation.

In this paper I am to consider Lockjaw entirely, as it has a local signification, and even more exclusively than this, as it has alone a surgico-dental signification.

Such surgico-dental signification, however, will, I apprehend, outside of tetanic conditions, be found to have the widest relationship to the lesion, and, indeed, if my experience has not been uncommonly one-sided, it will be found to have the very closest relationship, for, I incline to think, that in every twenty cases of local trismus, eighteen has, as the primary lesion, periodontitis in some of its varied forms.

We have studied the retraction of the dental arch. We will now look at such lesions as this retraction has engendered—lesions pertaining to the subject we have now under consideration.

The troubles of an individual afflicted with a contracted dental arch are most apt to begin at about the fifteenth or sixteenth year of age. If you look into such a mouth, you will find the teeth crowded together in most uncomfortable-looking positions. The last molar of the lower jaw you will find, most likely, jammed into the ramus; while the same tooth of the superior jaw will be found occupying the very extreme of the tuberosity of the bone.

At this period—unless, fortunately, the teeth are possessed of uncommon density—you will find them breaking down from approximal caries; while, as the result of such caries, combined with the crowded condition of the fangs, the alveolo-dental periosteum enters into the sub-inflammatory state, and becomes as ready to put on acute disease as is the tinder to take the spark.

If, then, interference with the elongatory process has been such as to yield these troubles, when only twenty-eight teeth have erupted, is it not plain to infer that the development of the four dentes sapientæ must proportionably add to these difficulties? Of course it is very plain, and only by appreciating the character of such trouble can we fit ourselves to abort its lesions.

These lesions are periostitis, alveolar abscess, stomatitis, ostitis, necrosis, trismus, etc., etc.

In the paper on Anomalies, I remarked that all dental troubles arising from retraction and diminution of the maxillary arch could be provided against by a timely extraction of certain of the permanent teeth; and from this we might infer that trouble arising from an advancing wisdom tooth might also be provided for on this same principle, namely, by extracting the last molar, thus providing the required alveolus.

These pathological conditions, and the remedial and prophylactic indications so plainly written over them, it would seem impossible, because of their very simplicity, to over-look; that they are overlooked, however, is too evident, from their many secondary lesions which the surgeon finds himself constantly called upon to treat.

I advanced the view that the majority of the cases of trismus would be found having, as the primary lesion, some periodontal trouble. Of course I would be understood as not including trismus neonatorum, or any trismus traumaticus, the lesion of which was self-evident. A child might get a severe burn on the cheek, and trismus might be the result of the inodular tissue, which would close up the break in the continuity.

Anchylosis might exist, the sequence to articular disease. Traumatic tetanus, affecting the muscles of the jaw, would have a primary lesion combined with peculiar nervous disturbances, and which would give the diagnosis. But it is to the numberless cases of so-called idiopathic trismus I allude, and to the cases of trismus which have evidently alone a local signification; that signification not being always very evident, or otherwise associated with so many complications as not to seem distinguishable.

We read in the books of case after case of local trismus,—of the lesion being referred to this cause and the other cause,—the treatments being as various as the diagnoses. Many of the inferences thus presented are, without doubt, just and reliable; but I would give it as

my experience, that where, personally, I have had the opportunity of seeing such cases as would seem to be their parallel, I have mostly been able to point out to the practitioner exhibiting the case, as the primary lesion, some dental disturbance, simple or obscure.

In the epitome of Braithwaite, page 191, vol. 2, is a case, the diagnosis and treatment of which will serve as an example. Dr. Sellers, the practitioner, who reports the case, ascribes the trismus to a complication of inflammatory and nervous derangements. Now, while I might have found myself wrong, yet from his history of the case, and from the age of his patient, I should have expected, had I seen the case with him, to have been able to have pointed out that the ulcerated sore throat, to which he alludes, had its primary in a periosteal trouble of the alveolo-dental membrane;—but the reader shall draw his own inference. I will compare with this case one from my own practice some three months back.

DR. SELLER'S CASE.

Acupuncture in Protracted Lock-Jaw.—The patient, twenty-five years of age, unmarried, had for years been subject to attacks of suppurating sore throat, in which the jaws often became nearly immovable for two or three days before the discharge of matter. In 1826, she had a severe attack, from which resulted complete lock-jaw, accompanied with hysterical symptoms, which attack yielded after six weeks of treatment so far that she could put a teaspoon in her mouth. After nearly a year, the jaw again became completely fixed, without accompanying sore throat, and the same treatment, with galvanism, was tried without effect. Although unequivocally connected with hysteria, there was reason to think, from the inflammatory action with which the disease set in, that the affection was not purely spasmodic, but was kept up by the rigidity of the muscles closing the jaw produced by inflammation; in consequence of which the antagonistic muscles had become inadequate to the effort of opening the mouth under the mere influence of volition.

It was this view of the case which made Dr. Seller think it more reasonable in making trial of the needles, to insert them into the muscles opening the jaw, in the expectation of exciting them to such a contraction as might overcome the rigidity of their antagonists.

On each of the two following days, two needles were inserted, one on each side of the mesial line between the chin and the hyoid bone, the effect being short, convulsive efforts. The teeth began to grate on each other, and the jaw was drawn from side to side, not by single alternate contractions, but by severe, convulsive movements on one side, followed by a nearly equal number toward the other side, interrupted occasionally by a momentary opening of the mouth to the extent of about two fingers' breadth.

The convulsions continued after the needles were withdrawn; ceased and became renewed again after a few minutes, and returned spontaneously in the evening on both occasions. Some increase of voluntary power over the jaw followed both applications of the remedy. After each trial of the acupuncture, some improvement was observable; but, as the spontaneous convulsion was almost always followed by a slight loss of motion, the progress made was slow.

The needles were usually inserted to the depth of half an inch, and sometimes to the depth of an inch.

The acupuncture, together with leeches, was used for ten days, by which time the patient could open the mouth two fingers' breadth and chew soft substances. She then went into the country for five weeks, by which she derived great benefit; but, being exposed to cold and wet, on her return, had another severe attack, the consequence of which was the loss of much of the voluntary power over the muscles of the jaw. The needles were again resorted to with the same effects as before; but the pain produced by the convulsions was greater, and lasted longer, while the spontaneous convulsion recurred several times in the evenings after each of the first trials. As leeching did not succeed in mitigating the convulsion, the temporal artery was opened with the desired result, and with the effect at the same time of restoring, to a considerable extent, the sight of the right eye, which she almost lost with the first attack of lock-jaw. A second detraction of blood from the same vessel diminished the force of the convulsion so much as to permit the acupuncture to be used twice a day. Nine days after the renewal of the operation, the jaw had recovered its natural extent of motion.

The aphonia, which had come on at the same time as the affection of the eye, was completely cured by a smart shock of electricity.

The case I referred to, as from my own experience, occurred in the practice of a friend—

my relation with it being in a consultation. Its history is as follows:

For the period of a year and more, the patient, Mary C., twenty-four years of age, had been troubled with attacks of sore mouth and throat whenever she unduly exposed herself; these attacks had always associated with them partial loss of voice and general excitation of her whole nervous system, while her jaws were invariably stiffened to a greater or less extent, according to the severity of the attack.

On each of these occasions, she had depended for relief upon domestic treatment or homœopathy. At the period, however, of her coming under the care of my friend, Dr. W., she was suffering from such severe trouble as to frighten her homœopathic attendant into dismissing the case. Her jaw had remained so firmly locked for a period of six weeks that it was with difficulty a knife-blade could be introduced between the teeth. This particular spell had come on as usual; but the patient said there was something about it which made her think that her teeth were implicated; she could not say what tooth or teeth, but thought it was one or more in the lower jaw.

Now, whatever was to be discovered as the primary lesion in the case; its surgical features, as it presented itself to our attention, was an extra capsular mass of coagulated lymph about the tempero-maxillary articulation, which overbalanced the influence of the genio-hyoid muscles holding, of course, the parts in a state of false anchylosis.

I asked the patient "if, when these attacks came on, her face had not always swelled more or less?" She said that "it had." I asked her "if the cheek had not always a stiff, hard feeling in it, which wore away gradually after such attacks?" "It was so," she told me.

Dr. W., agreeing with me that the speediest way of overcoming the trismus was by mechanically breaking up the adhesions, I procured a pine stick about a foot in length, tapering, wedge-shape, from an inch and a half base. The thinnest portion of this wedge was, after much trouble, passed between and across the dental arches, and, after being forced a little further on, the stick was turned on its axis, the adhesions yielding before the strain. Thus the mouth was opened at least an inch, and we were enabled to explore this cavity for the lesion upon which the trouble depended.

So far this case will be seen closely to similate the case of Dr. Sellers—sore throat, aphonia-hysteria.

Now, here we found all the trouble emanating from a wisdom tooth projecting, as it were, from the very angle of the jaw, and half covered in by an opercula of gum drooping over on it from the ramus. The tooth, of course, we at once removed. We dismissed the patient for the day, after directing a sorbefacient external application.

The next afternoon, at four o'clock—no inflammation having supervened—we completed, by our mechanical appliance, the unlocking of the jaw. In a week the patient was dismissed well. She has since had no return of her spells, and I am perfectly sure will not have.

I think a parallelism between these two cases will be recognized, but should the reader disagree with me, the study of them will not, I trust, be without its profit.

One of the most severe cases of inflammation of the mouth, throat, and face, combined with a bad trismus, I have ever seen, was in the person of a medical student in the office of a Dr. C., of this city—the primary lesion being such a half-erupted wisdom tooth as I have alluded to as being found in the lesion in the preceding case. This patient, when I first saw him, had been suffering for two or three weeks. The opercula of gum had been split up on two different occasions. Antiphlogistics in every form had been resorted to. The patient came to me under the anticipation that nothing could save him from necrosis of the angle of the bone.

I gave this man one and a half pounds of ether; it seemed impossible to get him into an anæsthetic condition, his physical suffering was so great. Prying his mouth open, just sufficient to introduce the key of Garengeot, I extracted, with much difficulty, the offending tooth. In three days he was again attending to his studies.

This peculiar lesion of a half-erupted wisdom tooth may well claim a moment's attention. Many a practitioner has been so deceived by the anomaly as to have been led widely astray in the study of his cases.

Where this condition exists, you will notice, by looking into the mouth, that only the anterior face of the tooth has fairly erupted, the other two-thirds being overlaid by the integuments of the ramus. You infer that the development is not yet perfected, and consequently it does not even strike you to associate disease with the parts; but this tooth, a single cusp of which is only through the gum, may have

caries extending into its pulp-cavity, or may be the seat of the most aggravated periodontitis. You know that it is the common impression that wisdom teeth decay early; that they are not a substantial class of teeth. The fact of the matter is that four-fifths of the wisdom teeth, which decay so early, have been destroyed by this opercula of gum. The explanation is very evident. The decomposing epithelial scales, and other debris of the mouth, combine in the acidity of their reaction with the bony structure of the tooth, thus quickly destroying its integrity. I am sure that I have seen more than a thousand cases illustrative of this fact; and if any practitioner will take the trouble to dissect off this opercula—the proper treatment by the way—and examine with a delicate probe the sulci of the tooth, in nine cases out of twelve he will find caries.

Such a lesion will at once be recognized to have important surgical relations. For example, I have been consulted time and again by persons who have been sufferers for a considerable period from what has been pronounced and treated as neuralgia. Their teeth had not escaped observation, but had been examined and pronounced sound. I have found in such mouths not unfrequently this opercula of gum overlying the wisdom tooth. This I have dissected off, exposing compound caries. I have extracted such teeth, and the patients have been instantly relieved of their neuro-odontalgia.

Again, these fleshy cups, catching and holding, in contact with the soft parts, insoluble particles, as often found mixed with the food, will provoke periostitis, or even ostitis of the angle and ramus of the jaw. I have seen the most alarming inflammatory attacks thus provoked. The tooth in these cases, as I have somewhere else remarked, will always respond to the stroke of the instrument—its periosteum being inflamed—common sense would direct that a tooth so diseased should be at once extracted; but such extraction is occasionally among the almost impossible things. A tooth so affected will not unfrequently have but a point erupted not larger than the head of a pin. In these cases the best thing that can be done is to extract the adjoining molar; this relieves the pressure on the ramus of the jaw, and gives room for the posterior tooth. It will commonly yield a cure.

Trismus, depending on such lesions, is not unfrequently the only external evidence yielded by the inflammatory attack. The jaw stiffens and relaxes, as an odontalgia will come and go. In such ephemeral cases it is not at all unlikely that the trismus is exclusively a nervous action, or reflected irritation to the molar branch of the trifacial—the slight local inflammatory action being the irritant.

Wisdom teeth erupt from the seventeenth to to the thirty-fifth year, generally, however, at about the twentieth year.

Four years ago I treated a case of trismus, the history of which is as follows:

The patient, David B., a farmer, after doing a hard day's work, and getting himself much overheated, threw himself, just at early evening, down in a cool outhouse to rest. Here he fell asleep, not waking until near midnight. The next day he felt a soreness in the left superior alveolar arch, which soreness increased for two or three days; after which it deserted the teeth and passed to the antrum. Then commenced a swelling in the integuments of the face, which advanced until it shut up completely the left eye. The jaws began to stiffen, and ended after three or four days more in complete immobility.

I was called to the case, after the lock-jaw had existed nine weeks, the patient having barely been able to support life by putting his mouth into a basin, filled with soup, and sucking the nutriment through his teeth. During this time he had been seen by seven different practitioners, no one of whom had seemed to appreciate his case, or what, perhaps, is more probable, none of whom had been willing to assume the trouble of it. The patient had never told any of these gentlemen about the soreness first felt in his teeth, and no one of them had ever questioned him in this direction; his single complaint was of a great weight about his cheek.

My diagnosis of the case was, primarily, periodontitis; this inflammation, by a double continuity of structure, had extended into the maxillary sinus, and to the integuments of the face. The inflammation of the antrum had been sufficiently severe to have resulted in abscess; abscess of the alveolo-dental membrane, or of the lining membrane of the cavity. The inflammation of the face had resulted in the exudation of lymph, which lymph in a state of coagulation was the cause of the trismus.

My first effort was directed to getting into the antrum, which I felt well assured was filled with pus. This was done by prying out the

second molar tooth with an elevator, pushing it into the mouth, from which, with some care, it was afterward gotten out; the extraction was followed by a profuse discharge of pus. The patient described the relief as being immense.

I removed this particular tooth, not because it was more carious than its fellows, but because it was somewhat loose, and thus gave evidence of the diseased condition of its periosteum. Again, it is through the alveolus of the palatine fang of this tooth that we find our easiest and best road to the antrum; in this case, as is seen, the fang communicated to the cavity.

On the day succeeding the evacuation of the abscess, the patient expressed himself as entirely free from pain, his only trouble being the trismus, which had not as yet relaxed in the least.

To the touch, all the parts about the articular extremity of the inferior maxilla seemed completely indurated. I hesitated to attempt the breaking up of the parts mechanically, fearing that thereby I might do injury to the important vessels which are associated with the head of this bone—the internal carotid, and internal maxillary arteries. The induration was, of course, extra capsular, and was of sufficient extent to have bound the jaw from the glenoid cavity to the anterior border of the masseter muscle; passive motion was resorted to, but employed very gently. Leeches, blisters, and sorbefacients were depended on—the case progressed very slowly, the patient having to come to my office every day for fifteen days; at the end of this time, but after removing other diseased teeth from his mouth, he was dismissed cured.

When one is called to a case of trismus of any standing, the anchylosis being the result of inflammatory action, questions may arise as to the propriety of mechanically breaking up the adhesions, the condyloid extremity of the maxillary bone is assuredly not the staunchest part of the body, and there are anatomical relations which it would not be at all pleasant to disturb—these things are for the surgeon to decide upon. So far as I, individually, am concerned, I now use mechanical force in all cases that come under my care, premising, of course, that the case is one, where, from inflammation, the trismus depends on effused lymph.

I am willing to run the risk for the great and immediate good yielded; some considerable experience in this direction assuring me that the risk is materially influenced by the manipulation. Of course I do not mean to recommend that attempt should be made to open the mouth to its greatest capacity with a single turn of the lever employed, although there are cases where such practice would be very commendable. I have so opened the mouth many a time, but not in cases of long standing. Generally, the force should be applied with gentleness, gain a little one day, and a little the next; it takes but a very short time to open a mouth in this way; besides, if your force is applied with such judgment as not to provoke inflammation, you will arouse to co-operation the absorbent system, the excitement acting as a stimulus to it, and it will be found to do its part vigorously.

A person will not unfrequently be attacked with trismus after the dental operation of inserting a pivot tooth. Here the lesion is inflammation, and the treatment is to be directed accordingly; the root of the tooth is in a state of periodontitis.

A person will sometimes be attacked with trismus after the operation of plugging a tooth with metal; the attack comes on suddenly; it is a reflex nervous action. The conducting facility of the metal irritates the nerve periphery in the pulp; this irritation is referred to the casserian ganglia, and thence reflected to the muscles of mastication; to prove the existence of this lesion, direct the patient to hold cold water in contact with the tooth.

Treatment.—Send the patient to his dentist and have the metal removed; when the irritation has subsided, direct that before re-filling, a non-conducting substance shall be placed between the metal and the floor of the cavity, or, because of the thinness of the bony septum, it may be desirable to destroy the pulp.

Spasmodic trismus, very obscure, may result from the employment of two different metals in the operation of tooth plugging, galvanic action is the consequence, and the nerve is subjected to a most harrassing irritation. To test for this trouble, increase the action by holding silver and zinc against the plug. This test, however, will irritate any pulp in a state of excitement, and is an admirable search warrant for obscure lesions of the organ. The treatment consists, of course, in the removal of the plug, and the medication, if required, of the irritated pulp.

So I might extend over many pages the con-

sideration of dental lesions in connection with trismus. I have, however, written enough, I presume, to direct a proper attention to the subject. Verbum sapienti.

To recapitulate—I suggest that most of the cases of so-called idiopathic or obscure trismus will be found to depend on conditions associated with the dental arch.

That to insure permanent relief, the treatment must include the primary lesion.

That such primary lesions as are described in the paper on "Anomalies," are always distinguishable.

That where it is desirable to extract an offending wisdom tooth, and such extraction seems too difficult to attempt, the extraction of the tooth immediately anterior to it will not unfrequently be found to meet the indications.

That the immobility of the jaw, where acute inflammatory action exists, is to be treated on general antiphlogistic or phlogistic principles, according as it seems probable or improbable that the inflammation may be resolved.

That when the acute action has passed, adhesions are to be broken up by mechanical force carefully applied.

That mechanico-dental lesions are not to be overlooked, but to be searched for, and discovered secundum artem.

(*To be continued.*)

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

SECTION I.

(*Continued from page* 180.)

I will continue this section by giving the result of Dr. Rush's observations, made upon the diseases which occurred in the military hospitals of the United States during the Revolutionary war. In this section, we may recapitulate some of the hints given before; but anything from so distinguished a source is worthy of being read twice, and should be well digested, for he was the Sydenham of American medicine.

"The army, when in tents, was always more sickly than in the open air. It was likewise more healthy when it was kept in motion than when it lay in an encampment. Young men, under twenty years of age, were subject to the greatest number of camp diseases. The Southern troops were more sickly than the Northern or Eastern troops.

"The native Americans were more sickly than the natives of Europe who served in the American army. Men above thirty-and-five and thirty years of age were the hardiest soldiers in the army. Perhaps the reason why the natives of Europe were more healthy than the native Americans was, they were more advanced in life.

"The Southern troops sickened from the want of salt provisions; their strength and spirits were restored only by means of salted meat."

Dr. Rush states that he once saw a private in a Virginia regiment throw away his ration of choice, fresh beef, and give a dollar for a pound of salted bacon.

"Those officers who wore flannel shirts or waistcoats next to their skins, in general escaped fevers and diseases of all kinds."

"The principle diseases in the hospitals were the typhus, gravior, and mitior, (or typhoid.) Men who came into the hospitals with pleurisies or rheumatisms soon lost the types of their original diseases, and suffered or died by the above-mentioned states of fever."

No doubt produced by the want of proper air, light, space, ventilation, and warming.

"The typhus mitior (or typhoid) always prevailed most and with the worst symptoms in winter. A free air, which could only be obtained in summer, always prevented or mitigated it."

This can be obtained at all seasons if only your hospital is constructed in a proper manner, as I will show in this paper when we come to the subject of the sanitary condition and hospital construction.

"In all those cases where the *contagion* was received, cold seldom failed to render it active. Whenever a hospital was removed in winter, one-half of the patients generally sickened on the way or soon after their arrival at the place to which they were sent."

There are, we believe, at the present day, but two or three diseases which have a specific virus and can be propagated by inoculation; but even these are not contagious in the sense employed here by Dr. Rush; the word which should have been here used is "infection," which simply expresses a fact, and does not involve an hypothesis. Infection acts through the air. The air of Dr. Rush's hospital was poisoned, and, as soon as the sick were brought into it, they were affected by it, and these sick people were more susceptible than healthy if they were exposed to cold without sufficient

covering they must die, or, if they were shut up without sufficient space and sufficient fresh air, there will be produced not only fever but erysipelas, pyemia, and hospital gangrene.

"Drunken soldiers and convalescents were most subject to fever. Those patients in this fever who had large ulcers on their backs or limbs generally recovered."

Dr. Rush met with several instances of buboes, also ulcers in the throat, which were mistaken by some of the junior surgeons for venereal sores, but they yielded to the common remedies of the hospital fever. These ulcers, etc., being doubtless the results of land scurvy, were cured by proper diet, etc.

"There were many instances of patients in this fever who suddenly fell down dead upon being moved, without any previous symptoms of approaching dissolution. This was more especially the case when they arose to go to stool."

This should be prevented by the use of suitable bed-pans, keeping the patient horizontal.

"The contagion of this fever was frequently conveyed from the hospital to the camp by means of blankets and clothes."

As well observed by Miss Nightingale, what does "contagion" mean? It implies the communication of disease from person to person by contact; it presupposes the existence of certain germs like the sporules of fungi, which can be bottled up and conveyed any distance attached to clothing, to merchandise, especially to woolen stuffs, for which it is supposed to have a particular affection, and to feathers, which, of all articles, it especially loves—so much so that, according to quarantine laws, a live goose may be safely introduced from a plague country; but, if it happen to be eaten on the voyage, its feathers cannot be admitted without danger to the entire community. There is no end to the absurdities connected with this doctrine; suffice it to say, then, that, in the ordinary sense of the word, there is no proof—such as would be admitted in any scientific inquiry—that there is any such thing as "contagion."

"Those black soldiers who had been previously slaves died in greater proportion by this fever, or had a much slower recovery from it than the same number of white soldiers.

"The remedies which appeared to do most service in this disease were emetics of tartar-emetic, gentle doses of laxative salts, Peruvian bark, wine, carbonate of ammonia, opium, and blisters. An emetic seldom failed of checking this fever if exhibited while it was in a *forming* state, and before the patient was confined to bed.

"Many causes concurred to produce and increase this fever, such as the want of cleanliness, excessive fatigue, the ignorance or negligence of officers in providing suitable diet and accommodations for their men, the general use of linen instead of *woolen clothes* in the summer months, and the crowding too many patients together in one hospital, with such other inconveniences and abuses as usually follow the union of the *purveying and directing* departments of hospitals in the same persons. But there is one cause of this fever which remains to be mentioned, and that is the sudden assembling of a great number of persons together of different habits and manners, as the soldiers of the American army were in the years 1776 and 1777. Doctor Blane informs us, in his observations upon the diseases of seamen, 'that it sometimes happens that a ship, with a long-established crew, shall be very *healthy*, yet if strangers are introduced among them, who are also *healthy*, sickness will be mutually produced.' The history of diseases furnishes many proofs of the truth of this assertion.*

"It is very remarkable that, while the American army at Cambridge, in the year 1775, consisted only of New England men, whose habits and manners were the same, there was scarcely any sickness among them. It was not till the troops of the Eastern, Middle, and Southern States met at New York and Ticonderoga, in the year 1776, that the typhus became universal, and spread with such peculiar mortality in the armies of the United States.

"The dysentery prevailed in the summer of 1777 in the military hospitals of New Jersey, but with very few instances of mortality. The dysentery was frequently followed by obstinate diarrhœa, in which the warm bath was found, in many cases, to be an effectual remedy.

"In gun-shot wounds of the joints, W. Ranby's advice of amputating the limb was followed with success. Dr. Rush saw two cases of death where the advice was neglected. There was one instance of a soldier who lost his hearing, and another of a soldier who had been deaf who recovered his hearing by the noise of artillery in battle.

"Those soldiers who were billeted in private houses generally escaped the hospital fever, and recovered soonest from all their diseases. In fevers and dysenteries, those soldiers recovered most certainly and most speedily who lay at the greatest distance from the walls of the hospital.

"Soldiers are but little more than adult children. That officer, therefore, will best perform his duty to his men who obliges them to take the most care of their *health*.

* Cleanliness is founded on a natural aversion to what is unseemly and offensive in the persons of others; and there seems, also, to be an instinctive horror at strangers, implanted in human nature for the same purpose, as is visible in young children and uncultivated people. In the early ages of Rome, the same word signified both a stranger and an enemy.—*Dr. Blane*, p. 225.

"Hospitals are the sinks of human life in an army. They robbed the United States of more citizens than the sword.

"Humanity, economy, and philosophy, all concur in giving a preference to the conveniences and wholesome air of private houses; and, should war continue to be the absurd and unchristian mode of deciding national disputes, it is to be hoped that the progress of science will so far mitigate one of its greatest calamities as to produce an abolition of hospitals for acute diseases.

"Perhaps there are no causes of sickness in which reason and religion do not forbid the seclusion of our fellow-creatures from the offices of humanity in private families, except where they labor under the calamities of madness and the venereal disease, or where they are the subjects of some of the operations of surgery."

These observations of Dr. Rush's upon the subject of the hospitals of his day were too true, and even down to our day there are but few hospitals built upon true principles. During a recent visit to Europe, but one of the hospitals was found a fit receptacle for cases of acute diseases; this was in France—that of Lareboisière at Paris; in it we have what Dr. Rush desired, separate houses or hospitals—six of them containing each only about one hundred sick. The squares within these hospitals and the spaces between the pavilions are laid out in grounds. All the blocks are joined together by a glazed corridor along the lower flat, and by an open terrace above for convalescents taking exercise. The only defect of this model hospital is that it is built in the city of Paris. No general hospital, at the present day, should be erected within a city, and especially a military one. The following are the best rules for hospital construction:

(*To be continued.*)

On Wounds of the Intestines.

By P. W. Ellsworth, M.D.,
Of Hartford, Conn.

Will you permit a suggestion respecting sutures in wounded intestines? As we are likely now to have lively work, and our Southern friends may make free use of their bowie knives, (which fortunately are broad enough to permit a wounded intestine to be visible,) it may be of use to examine the efficacy of a suture I have not seen described, and which meets every indication. The desideratum is to bring serous surfaces together, and have the thread quickly and certainly drop into the bowel instead of the peritoneal cavity. The following is my method: A threaded needle is thrust *entirely* through from without inward as close as possible to the edge of the cut at one end of the wound; then from within outward a line further back fom the edge; then it is thrust through by the side of this last puncture, and at the same distance from the edge, but further along the cut. The needle is now brought forward a half line from (or close to) the edge of the wound by the side of the thread going through the first puncture. Thus the needle has passed four times through one side of the wound. Now it is carried over to the opposite side, and the same is done there, only reversing the order, viz: through the edge, opposite the last puncture, and from without inward; then a line back of this from within outward; then by the side of this, only toward the end of the wound, where the stitch commenced, and penetrating from without inward; then back from within outward close to the edge. Thus the needle goes through four times on this side, and leaves the ends of the thread close to the edge, opposite each other, and hanging outward. When the wound is drawn *moderately* together, the edges must be turned a little inward by a probe, and ends of the thread tied; the knot is to be thrust by the forceps down into the fissure between the sides of the wound, and will be invisible. Nothing can be seen but a small portion of thread, according to the length of stitch, pulling opposite to a corresponding portion, and, of course, drawing inwardly toward the cavity of the bowel. In two hours these threads will be coated with lymph, and no effusion can possibly occur when the threads cut through toward the cavity of the intestine, as they certainly will do. Thus the wound is as favorably situated for union as a cut on the skin. The following shows the method:

Each stitch must be independent, and the same process must be gone through with each. The suture may be coarse or fine, according to the portion injured or the wish of the operator.

It may be a little difficult to understand this at first, but I recommend persons to follow the description with a needle and thread on a roll of paper. The practical application to a wound

will be found easier and will take but little longer time than Guthrie's stitch. When completed, nothing is left to be desired, as the junction is almost invisible if properly made, and in two hours would be completely so. I resorted to this method, a few days since, on a person shot through the abdomen, near the umbilicus, with a charge of small shot. I was abundantly satisfied with the suture and ease of application, though the individual died an hour or two afterward, owing to other complications. I hope these suggestions will be found useful.

EDITORIAL DEPARTMENT.

PERISCOPE.

DIRECTIONS TO ARMY SURGEONS ON THE FIELD OF BATTLE.

The following, taken from Mr. G. J. Guthrie's pamphlet on the Hospital Brigade, we copy from the *Lancet*. Mr. Guthrie was Surgeon-General to the British forces during the Crimean war, and consequently speaks from extensive opportunities of observation:

1. Water being of the utmost importance to wounded men, care should be taken, when before the enemy, not only that the barrels attached to the conveyance-carts are properly filled with good water, but that skins for holding water, or such other means as are commonly used in the country for carrying it, should be procured and duly filled.

2. Bandages or rollers, applied on the field of battle, are, in general, so many things wasted, as they become dirty and stiff, and are usually cut away and destroyed, without having been really useful; they are therefore not forthcoming when required, and would be of no use.

3. Simple gun-shot wounds require nothing more for the first two or three days than the application of a piece of wet or oiled linen, fastened on with a strip of sticking-plaster, or, if possible, kept constantly wet and cold with water. When cold disagrees, warm water should be substituted.

4. Wounds made by swords, sabres, or other sharp-cutting instruments, are to be treated principally by position. Thus, a cut down to the bone, across the thick part of the arm, immediately below the shoulder, is to be treated by raising the arm to or above right angle with the body, in which position it is to be retained, however inconvenient it may be. Ligatures may be inserted, but through the skin only. If the throat be cut across in front, any great vessels should be tied, and the oozing stopped by a sponge. After a few hours, when the oozing is arrested, the sponge should be removed, and the head brought down toward the chest, and retained in that position without ligatures; if this is done too soon, the sufferer may possibly be suffocated by the infiltration of blood into the areolar tissue of the parts adjacent.

5. If the cavity of the chest is opened into by a sword or lance, it is of the utmost importance that the wound in the skin should be effectively closed, and this can only be done by sewing it up as a tailor or a lady would sew up a seam, skin only being included; a compress of lint should be applied over the stitches, fastened on by sticking plaster. The patient is then to be placed on the wounded side, that the lung may fall down, if it can, upon or apply itself to the wounded part, and adhere to it, by which happy and hoped-for accident life will in all probability be preserved. If the lung should be seen protruding in the wound, it should not be returned beyond the level of the ribs, but be covered over by the external parts.

6. It is advisable to encourage previously the discharge of blood from the cavity of the chest, if any have fallen into it; but if the bleeding from within should continue, so as to place the life of the sufferer in danger, the external wound should be closed and events awaited.

7. When it is doubtful whether the bleeding proceeds from the cavity of the chest or from the intercostal artery (a surgical bugbear,) an incision through the skin and the external intercostal muscle will expose the artery close to the edge of the rib, having the internal intercostal muscle behind it. The vessel thus exposed may be tied, or the end pinched by the forceps, until it ceases to bleed. Tying a string round the ribs is a destructive piece of cruelty, and the plugs, etc., formerly recommended, may be considered as surgical incongruities.

8. A gun-shot wound in the chest cannot close by adhesion, and must remain open. The position of the sufferer should therefore be that which is most comfortable to him. A small hole penetrating the cavity is more dangerous than a large one, and the wound is less dangerous if the ball goes through the body. The wounds should be examined, and enlarged if necessary, in order to remove all extraneous substances, even if they should be seen to stick on the surface of the lungs; the opening should be covered with soft oiled or wet lint—a bandange when agreeable. The ear of the surgeon and the stethoscope are invaluable aids, and ought always to be in use; indeed, no injury of the chest can be scientifically treated without them.

9. Incised and gun-shot wounds of the abdomen are to be treated in *nearly* a similar manner; the position in both being that which is most agreeable to the patient, the parts being relaxed.

10. In wounds of the bladder, an elastic catheter is generally necessary. If it cannot be passed, an opening should be made in the perinæum for the evacuation of the urine, with as little delay as possible.

11. In gun-shot fractures of the skull, the loose broken pieces of bone, and all extraneous substances, are to be removed as soon as possible, and depressed fractures of bone are to be raised. A deep cut made by a heavy sword through the bone into the brain, generally causes a considerable depression of the inner table of the bone, whilst the outer may appear to be merely divided.

12. An arm is rarely to be amputated, except from the effects of a cannon-shot. The head of the bone is to be sawn off, if necessary. The elbow-joint is to be cut out, if destroyed, and the sufferer, in either case, may have a very useful arm.

13. In a case of gun-shot fracture of the upper arm, in which the bone is much splintered, incisions are to be made for the removal of all the broken pieces which it is feasible to take away; the elbow is to be supported; the forearm is to be treated in a similar manner; the splints used should be solid.

14. The hand is never to be amputated, unless all or nearly all its parts are destroyed. Different bones of it and of the wrist are to be removed when irrecoverably injured, with or without the metacarpal bones and fingers or the thumb; but a thumb and one finger should always be preserved when possible.

15. The head of the thigh-bone should be sawn off when broken by a musket-ball. Amputation at the hip-joint should only be done when the fracture extends some distance into the shaft, or the limb is destroyed by cannon-shot.

16. The knee-joint should be cut out when irrecoverably injured; but the limb is not to be amputated until it cannot be avoided.

17. A gun shot fracture of the middle of the thigh, attended by great splintering, is a case for amputation. In less difficult cases, the splinters should be removed by incisions, particularly when they can be made on the upper and outer side of the thigh. The limb should be placed on a straight, firm splint. A broken thigh does not admit of much, and sometimes of no extension, without an unadvisable increase of suffering. An inch or two of shortening in the thigh does not so materially interfere with progression as to make the sufferer regret having escaped amputation.

18. A leg injured below the knee should rarely be amputated in the first instance, unless from the effects of a cannon-shot. The splinters of bone are all to be immediately removed by saw or forceps, after due incisions. The limb should be placed in iron splints, and hung on a permanent frame, as affording the greatest comfort and probable chance of ultimate success.

19. An ankle-joint is to be cut out, unless the tendons around are too much injured, and so are the tarsal and metatarsal bones and toes. Incisions have hitherto been too little employed in the early treatment of these injuries of the foot for the removal of extraneous substances.

20. A wound of the principal artery of the thigh, in addition to a gun-shot fracture, renders immediate amputation necessary. In *no other part* of the body is amputation to be done in the first instance for such injury. Ligatures are to be placed on the wounded artery; one above, the other below the wound, and events awaited.

21. The occurrence of mortification in any of these cases will be known by the change of color in the skin. It will rarely occur in the upper extremity, but will frequently do so in the lower. When about to take place, the color of the skin of the foot changes from the natural flesh color to a tallowy or mottled white. Amputation should be performed immediately above the fractured part. The mortification is yet local.

22. When this discolorization has not been observed, and the part shrinks, or gangrene has set in with more marked appearances, but yet seems to have *stopped* at the ankle, delay is, perhaps, admissible, but if it should again spread, or its cessation be doubtful, amputation should take place forthwith, although under less favorable circumstances. The mortification is becoming or has become constitutional.

23. Bleeding, to the loss of life, is not a common occurrence in gun-shot wounds, although many do bleed considerably, seldom, however, requiring the application of a tourniquet as a matter of necessity, although frequently as one of precaution.

24. When the great artery of the thigh is wounded, (not torn across,) the bone being *uninjured*, the sufferer will, probably, bleed to death, unless aid be afforded, by making compression above and on the bleeding part. A long, but not broad, stone, tied sharply on with a handkerchief, will often suffice until assistance can be obtained, when both ends of the divided or wounded artery are to be secured by ligatures.

25. The upper end of the great artery of the thigh bleeds scarlet blood; the lower end dark venous-colored blood; and this is not departed from in a case of accidental injury, unless there have been previous disease in the limb. A knowledge of this fact or circumstance, which continues for several days, will prevent a mistake at the moment of injury, and at a subsequent period, if secondary hæmorrhage should occur. In the *upper* extremity both ends of the principal artery bleed scarlet blood, from the free collateral circulation and from the anastomoses in the hand.

26. From this cause, mortification rarely takes place after a wound of the principal artery of the arm or even of the arm-pit. It *fre-*

quently follows a wound of the principal artery in the upper, middle, or even lower parts of the thigh, rendering amputation necessary.

27. It is a great question, when the bone is *uninjured*, where and at what part the amputation should be performed. Mortification of the foot and leg, from such a wound, is disposed to stop a little below the knee, if it should not destroy the sufferer; and the operation, if done in the first instance, as soon as the tallowy or mottled appearance of the foot is observed, should be done at that part; the wound of the artery and the operation for securing the vessel above and below the wound being left unheeded. By this proceeding, when successful, the knee-joint is saved, whilst an amputation above the middle of the thigh is always very doubtful in its result.

28. When mortification has taken place from any cause, and has been arrested below the knee, and the dead parts show some sign of separation, it is usual to amputate above the knee. By not doing it, but by gradually separating and removing the dead parts, under the use of disinfecting medicaments and fresh air, a good stump may be ultimately made, the knee-joint and life being preserved, which latter is frequently lost, after amputation, under such circumstances.

29. Hospital gangrene, when it unfortunately occurs, should be considered to be contagious and infectious, and is to be treated locally by destructive remedies, such as nitric acid, and the bivouacking or encamping of the remainder of the wounded, if it can be effected, or their removal to the open air.

30. Poultices have been very often applied in gun-shot wounds, from laziness or to cover neglect, and should be used as seldom as possible.

31. Chloroform may be administered in all cases of amputation of the upper extremity and below the knee, and in all minor operations; which cases may also be deferred, without disadvantage, until the more serious operations are performed.

32. Amputation of the upper and middle parts of the thigh are to be done as soon as possible after the receipt of the injury. The administration of chloroform in them, when there is much prostration, is doubtful, and must be attended to, and observed with great care—the question whether it should or should not be administered in such cases being undecided.

33. If the young surgeon should not feel quite equal to the ready performance of the various operations recommended, many of them requiring great anatomical knowledge and manual dexterity, (and it is not to be expected that he should,) he should avail himself of every opportunity which may offer of perfecting his knowledge.

The surgery of the British army should be at the height of the surgery of the metropolis; and the medical officers of that service should recollect that the elevation at which it has arrived has been, on many points, principally due to the labors of their predecessors during the war in the Peninsula. It is expected, then, that they will not only correct any errors into which their predecessors may have fallen, but excel them by the additions their opportunities will permit them to make in the improvement of the great art and science of surgery.

PAINLESS DESTRUCTION OF HÆMORRHOIDAL TUMORS BY THE SOLID VIENNA PASTE.

It will be remembered that some years since M. Piedagnel suggested the addition of a certain amount of morphia to escharotic powders, in order to diminish the pain which is induced by their application. M. Amussat recently resorted, with entire success, to the anæsthetic compound recommended by M. Piédagnel, in the case of a woman suffering from hæmorhoids. The cup of the compressor was filled with Vienna caustic, combined with one-twelfth of a grain of muriate of morphia. The instrument was applied for four minutes, during which the patient experienced scarcely any pain. It was only after the removal of the forceps that she complained of slight smarting. We would, however, not be understood to state that in all cases the association of caustics with morphia will produce perfect local anæsthesia. Several surgeons have had recourse to the plan, without, as we are aware, attaining this desirable result. As its efficacy is somewhat doubtful, we would recommend that a self-acting enema be held in readiness, in case of pain supervening.—*Dublin Medical Press.*

RELIEF OF THE PAIN OF GOUT.

A writer in the *Lancet* says that the pain of gout may be relieved by pressure on the part, as in the joint of the toe, by putting first on the painful spot a pad of cotton wadding, and then binding it tightly with a bandage enclosing the whole foot.

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Antiquity of the Water-Cure.—We have just noticed in the writings of Celsus, in the first century, what was, perhaps, the earliest application of the water-cure. The administration was quite up to the modern style of heroic hydropathy. The disease in which he recommends it is hydrophobia, and the following is the method of applying the remedy:

"Throw the patient unexpectedly into a fish-pond, and, if he be unable to swim, keep him for some time immersed, so as to make him swallow a portion of the water, and then raise him out of it, alternately immersing and emerging him; but, if able to swim, he should be kept in the same manner at times immersed by force, so as to be surfeited with water; by which means both the thirst and the dread of water will be effectually subdued."

REVIEWS AND BOOK NOTICES.

A Manual of Military Surgery; or, Hints on the Emergencies of Field, Camp, and Hospital Practice. Illustrated with wood-cuts. By S. D. Gross, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia. Philadelphia: Lippincott & Co. 1861. 12mo. 186 pages.

The general attention to military matters, which is now epidemic, has not left the medical profession unaffected. Practitioners are leaving their peaceful domains, and are rushing, if not to arms, to lancets and catlins in the tented field. The medical literati, who are generally anemic, and have but little blood to spare, are, instead, patriotically shedding their ink in the cause. If "the pen is mightier than the sword" in making wounds, it is also mighty in healing them. In this spirit has the above-titled brochure sprung, Venus-like, from the froth of a troubled sea, and although the oil it pours out may not assuage the maddened waters, it will do something toward healing the wounds which the tempest may inflict.

The universal attention of readers to war matters, and the check which the financial state of the country has given to publishing, will cause but little literature which has not a military bearing to be brought forth. We may expect a great addition to our national medical literature, in the way of military surgery—a department in which the country may be said to have hitherto been wholly deficient.

The second part of the title of the work—"Hints on the Emergencies of Field, Camp, and Hospital Practice," gives a correct idea of its scope. It is truly a book for emergencies; not a full didactic treatise, but one appropriate when, as the author quotes, "L'occasion est urgente, le judgment difficile." It is a timely book, as said in the preface, "for those who have so hurriedly entered the volunteer service, perhaps not always with a full knowledge of the weighty responsibilities of their position;" and it is notorious that many such have been accepted into the service, and are, unfortunately, to be trusted with the lives of brave men who have a right to demand from their country the best medical services.

Some who now, for the first time, commence the study of military surgery, will be deceived in not finding it a simple abstraction which may be learned by any one without a basis for general surgical qualification. Military surgery is nothing but the application of ordinary surgery to a certain class of injuries. "The difference consists in the application of our knowledge, rather than in its range or depth."

In regard to the number of surgeons requisite for efficiency, Dr. Gross says that every regimental surgeon should have, at least, two assistants in time of peace, or during the inactivity of the troops under his charge; when on active duty, on the contrary, the number should be, at least, double, especially in the face of an anticipated bloody engagement. The recent apportionment, by the government, of but one surgeon to a regiment, ranking as an assistant, and but one to a brigade, and one to a division, shows an indifferance to the efficiency of the medical department, which is without precedent in any civilized nation, and which, in view of terrible conflicts, must result disastrously, and prove a discredit to the authorities.

With this arrangement, there may be at the time of an action but seven surgeons, of all grades, to a division of four thousand or more men.

A brief but practical account of the necessary medical equipments, stores, and hospitals, the means of conveying the wounded from the field of battle, and the construction of litters, formation of ambulances, etc., form a highly-interesting chapter.

In the chapter on wounds and other injuries, we are glad to see that the author does not always recommend the fashionable and much-abused water-dressing. In very many instances, as where the integument can be closed over a wound, and where inflammation does not already exist, a *dry* dressing is preferable, and is much more convenient in field service.

The instruction on the means of arresting hemorrhage could not have been improved by a lengthy monograph on the subject.

In the treatment of wounds of joints the necessity of free drainage of pus from their cavities is not insisted on. The great fatality of wounds of the joints, particularly of the knee, is, we think, owing to the old prejudice which exists against making free incisions into articulations for the complete exit of diseased secretions. The author remarks, that in gunshot wounds of the knee-joint, "if the patient survives for any length of time, large abscesses are apt to form in and around the joint, the matter burrowing extensively among the muscles, and causing detachment of the periosteum with caries and necrosis of the bones." Now, these secondary effects can be prevented, as we have repeatedly had occasion of seeing, by free incisions on both sides of the articulation, so as to effect complete drainage, or the same may sometimes be accomplished by keeping the original wound freely open.

In amputations, the flap operation is, especially where the duty is great after a battle, decidedly recommended on account of the rapidity of the procedure, the abundant covering for the end of the bone, and the prospect which it gives of immediate union. To this might have been added the better shape of stump which it makes for the adaptation of an artificial limb.

The chapters on Military Medicine, Military Hygiene, Disqualifying Diseases, Feigned Diseases, Medical, Surgical, and Dietetic Formulæ, give a great amount of essential information in a small space.

The book is properly styled a manual, and is truly one for the exigencies of the times, being as succinct, yet withal as comprehensive, as possible.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 1, 1861.

THE APOTHEOSIS OF SURGERY.

It hardly needed the stimulus of an impending war to popularize surgery with the junior candidates for position in the medical profession. Whether from an innate liking for blood, or an indefined notion that surgery "pays" better than other branches of the practice, or, again, that the labors of the surgeon are more tangible and, therefore, better appreciated by the public—the small matter of its being bold, dashing, and reckless of consequences, or conservative, prudent, and chary of life and limb, being of comparatively minor importance, though with a disposition to favor the dashing surgeon—this branch of the practice of our profession seems to be specially attractive to those who are about commencing their career, whether as medical students or young practitioners. We have known a young man, who had chosen medicine as his profession, even before he had begun his studies, and while still pursuing his collegiate course, provide himself with a full set of instruments, in all departments of surgical practice, at a very heavy cost; and who has not seen the newly-fledged graduate adopt the buff-colored vest, metal buttons, and military coat, indicating a desire to impress upon the public that he is a surgeon! A little experience, however, in the practice of his profession, soon measures his capacity and places him where he belongs.

But the exigencies of the times, both in this country and in Europe, are calling into existence an army of surgeons, who may have an abundance of employment. Consequently this branch of our profession is receiving a large share of public and professional notice. We are glad to know that a great many very worthy men—men with peculiar talents and fitness for their position—are, in our country, enlisting as army surgeons, while, at the same time, it is not to be denied that, in the haste with which our army has been organized, others have entered the field who can present no claim whatever to the title of surgeon. The former, should opportunities unfortunately offer, will distinguish themselves, and contribute largely to the health, comfort, and welfare of our armies, while the latter can only bring confusion on themselves and disgrace on their profession.

In some sense, surgeons, like poets, are born, not made, but he who would be a good surgeon must, be his natural bent ever so strong, prepare himself by an intelligent use of his faculties, and their application in directions which will aid him when his knowledge is to be brought to the test of a practical application. The student is too apt, while listening to the demonstrative and interesting lectures of the professor of surgery, to overlook the great importance of the less attractive lectures on anâtomy. And yet a thorough knowledge of anatomy is an indispensable quality in a good surgeon. Without it a man may be a very accomplished butcher, but scarcely a surgeon. We wish, therefore, to impress upon the minds of the younger portion of our readers especially, the great importance of a thorough knowledge of anatomy.

The Army Medical Board is now in session in New York, and the exigencies of the service require the immediate appointment of about thirty assistant-surgeons. It is known that the examinations of this Board are very rigid, and the requirements of a very high order. There are no students who apply themselves more closely to their studies than those who expect to come before the Army or Naval Medical Boards.

The import of the term *Surgeon*, as applied to the Army or Navy service, must not be misapprehended. It is well known that surgeons in the public service have many cases of sickness of various kinds to treat to one strictly surgical injury, so that a thorough knowledge of the principles of the practice of medicine as well as surgery is indispensable. The army surgeon cannot, when an epidemic of fever or dysentery is raging in his camp, claim that he is a surgeon par excellence, and not a physician. It is possible that those who are now receiving appointments as surgeons in the Army may

have gun-shot and bayonet wounds to dress, and other surgical injuries to treat; but it is certain that in an army of several hundred thousand men there will be a great deal of sickness that will demand the greatest care and attention, and the most consummate ability to treat properly.

We trust that our readers will not overlook the true qualifications of the good army surgeon, and that the occasion will develop many such.

It is greatly to be deplored that the political troubles in the land should interfere so much with the proceedings of our medical organizations throughout the country. But it has been deemed best to postpone for a year the annual meetings of all our national medical and scientific associations. The result may prove the wisdom of the course. Had some of our religious bodies pursued a like policy, we doubt not it would have been better for them.

But we cannot see the necessity or wisdom of bringing the political affairs of the country into our local medical organizations, and trust that it will be scrupulously avoided. We do not know what peculiar aggravations there may have been in the case mentioned by a correspondent in New York, but if Dr. Thomas' interests impelled him to remain in New York rather than leave the city, we think that a truly wise course might have prevented any misunderstanding between him and the Academy.

The mails having been temporarily discontinued in a portion of the Southern States, we shall, of course, be compelled for the present to cease mailing the Reporter to subscribers in those States. We shall take the earliest opportunity of supplying our subscribers in those States with their numbers, and will keep a supply of numbers to enable us to complete their files.

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A New Hampshire Regiment of Volunteers, which passed through this city this week, had a corps of fifty women to act in the capacity of nurses to the regiment. They were dressed in a semi-military uniform, and had the appearance of being a very intelligent and efficient corps. The regiment, also, had a hospital-wagon supplied with medicines, instruments, and all the paraphernalia necessary for field hospital service.

Correspondence.

New York, May 20, 1861.

The Academy of Medicine had hardly disposed of a vexatious question when, at its last meeting, another was forced upon its consideration, which threatens to shake its very existence. We were perfectly right in stamping the proceedings against Dr. Lewis A. Sayre as persecution of a very disreputable character, and the question "on morbus-coxarius" a mere pretext to bring the subject before the Academy in a tangible form. Dr. Watson was indiscreet enough to let the "cat out of the bag" in winding up his long-winded speech with the following remark: "And, as I understand Dr. Sayre is now willing to do justice to Dr. Davis, there need be no further discussion upon the subject." There it is! The Academy of Medicine is the scape-goat to bring Dr. Davis prominently before the public, to give him an advertising puff, to render a man publicly notorious whose entire ambition hitherto was confined to making and fitting some mechanical apparatus, and this for no other purpose than to give a distinguished member of the profession a *coup de grace*. This time, however, the conspirators had over-rated their aggregate strength. Numerous as they were, and keen as their tactics were laid, they could not stand the weight of arguments and facts. Their position and acquirements did not rise up to the present time. All they had to say might have easily been collected from a few antiquated hand-books or students' "vade-mecums" on surgery. Whereas the bomb-shells of modern knowledge and observation most skillfully thrown by Drs. Sayre and Bauer knocked their whole fragmentary armory into "pi."

The censure thus craftily prepared for Dr. Sayre was converted into a eulogy, and his merits in the premises fully recognized in having rendered useful and accessible to every surgeon an instrument the great virtues of which had evidently not been divined by its inventor.

It may be easily imagined that, when the discussion took this unexpected turn, Dr. Watson should have plaintively vociferated "there is no need for further discussion." But the draught had to be swallowed to the very dregs, and not before the victory of truth and merit had been fully accomplished was the curtain allowed to drop and cover the vanquished.

It was a most unfortunate attempt to mix scientific purposes and pursuits with ethics and discipline; and in no other country have such attempts been made. It is but just to presume that the liberal profession of medicine is constituted of men of honor, integrity, and social refinement; and for such men the code of ethics is engrafted upon their very nature—a written code seems to be superfluous.

For men of low character, without the principle of right and wrong, justice or prosperity, the cowhide is the only regulator. Whenever difficulties arise between individual practitioners, scientific bodies are obviously no forum of adjustment; and we know numerous instances in which the assumed jurisdiction has proved destructive to most prosperous and promising medical societies.

But absurd and outrageous is the attempt at constituting a scientific body the tribunal of *political* opinion. Not unfittingly has Abernethy compared medical science with a "republic, one and indivisible, which may comprise all who assiduously labor for its cause, irrespective of nationality, religion, or politics." History furnishes many instances in which scientific associations extended their protecting hand over the persecuted; and this is only becoming the high and generous character of scientific elevation.

At a time like the present, when our beloved country is threatened with intestine strife and civil war, when all ties of blood and relationship become loose and disrupted, when passion and fanaticism raise their horrid war-whoop! where shall we expect that calmness, that humane forbearance of our mutual frailties and short-comings, if it is not to be found in the halls devoted to medical science, where the true Samaritans meet. And yet the many-headed hydra of political passion ventures to pollute the sanctified halls of science by her presence, and convert them into a Jacobin club. The scene enacted at the last meeting of the Academy of Medicine cannot have failed to fill every high-minded member with deep regret and sorrow.

Dr. Thomas, the present Secretary of the Academy, whose scientific acquirements, inoffensive gentlemanly demeanor, and obliging disposition, have led to this high official distinction, and have given him a very highly-respected position in the profession at large, is a man of Southern birth, and in these times of excitement, in the eyes of some over-zealous individuals, this is quite enough to stigmatize him as a suspicious, traitorous individual. Anxious, perhaps, to make political capital, or, at least, make a public display of their patriotism, two members of the Academy rose in remonstrance against Dr. Thomas' acting any further in his official capacity. They brought forth no special charges; they did not impeach his character as a man or physician; they did not charge him with negligence of official duty; they simply insisted on his removal, for no feasible cause at all. It is but just to say, that an overwhelming majority of the Academy resisted such an attempt, but the whole session was consumed with these bickerings, and the members left disgusted with the proceedings and the misuse of their time. We abstain from mentioning the names of the aggressors, in order not to subserve their designs for public notoriety. But this much we will say, that the Academy would be relieved of a great incubus if it would get rid of these very individuals, who can but tend to lower its character.

The Academy has outlived many misuses and intestine strife, but if it submits to political pollution, it fully deserves to descend to oblivion, and the sooner the better.

Manhattan.

NEWS AND MISCELLANY.

Military Hospital of the Department of Pennsylvania.—This hospital institution, which has been established under the auspices of the Home Guard, is under the immediate control of the Medical Director, Dr. John Neill. The hospital staff consists of five surgeons, including the Medical Director and four Assistant-Surgeons. There is, also, provision for the appointment of Resident Physicians, only one at present being selected, and for an increase of the staff, as exigencies may necessitate.

The staff at present consists of the Medical Director, Dr. Neill, with Surgeons Hollingsworth, F. G. Smith, M'Clellan, and Hopkinson, and Assistant-Surgeons Wallace, Lewis, Packard, and Brinton. Dr. Boardman is Resident-Physician, and the Secretary is Dr. J. R. Paul. These officers hold their rank from authority of the State by the act instituting the Home Guard.

The hospital accommodations have been inspected and accepted by the general government as a military hospital, and soldiers from any regiment in the military department of Pennsylvania, which, we believe, also includes the States of Delaware and Maryland, are entitled to the benefits of the institution.

The Moyamensing Hall has been appropriated and properly fitted up, with fifty beds, for the accommodation of patients, and is styled Military Hospital Number One. At the present time it contains thirty-five patients. These are partly from the regularly-accepted and mustered regiments, and the benefits have, also, been extended to the sick and injured of companies which are formed and are awaiting inspection and acceptance.

The use of the Moyamensing House of Industry, with its furniture, has been obtained, and is styled Hospital Number Two. The Ladies' House of Employment, at Seventeenth and Market streets, will be properly fitted when required, and will be Hospital Number Three.

Accommodation has thus been arranged for between two and three hundred patients.

The establishment and support of this hospital department has been entirely accomplished by the patriotic and benevolent contributions of citizens of Philadelphia.

The hospital administration is conducted in

the systematic manner of national military hospitals, and the newly-appointed surgeons of volunteer regiments might, by visiting the hospital, learn an important part of their duty in keeping the requisite records and supply table.

The Gorilla.—Mr. J. B. Du Chaillou, the most recent explorer of Africa, and who has traversed regions which were previously unknown, gives, in the history of his travels, the following account of a gorilla hunt, and some of the characteristics of the animal:

"The singular noise of the breaking of tree-branches continued. We walked with the greatest care, making no noise at all. The countenances of the men showed that they thought themselves engaged in a very serious undertaking; but we pushed on, until finally we thought we saw through the thick woods the moving of the branches and small trees which the great beast was tearing down, probably to get from them the berries and fruits he lives on.

"Suddenly, as we were yet creeping along, in a silence which made a heavy breath seem loud and distinct, the woods were filled with the tremendous barking roar of the gorilla.

"Then the underbrush swayed rapidly just ahead, and presently before us stood an immense male gorilla. He had gone through the jungle on his all-fours; but when he saw our party he erected himself and looked us boldly in the face. He stood about a dozen yards from us, and was a sight I think never to forget. Nearly six feet high, with immense body, huge chest, and great muscular arms, with fiercely-glaring, large, deep-gray eyes, and a hellish expression of face, which seemed to me like some nightmare vision: thus stood before us this king of the African forests.

"He was not afraid of us. He stood there, and beat his breast with his huge fists till it resounded like an immense bass drum, which is their mode of offering defiance; meantime giving vent to roar after roar.

"The roar of the gorilla is the most singular and awful noise heard in these African woods. It begins with a sharp *bark* like an angry dog, then glides into a deep bass *roll*, which literally and closely resembles the roll of distant thunder along the sky, for which I have sometimes been tempted to take it, where I did not see the animal. So deep is it that it seems to proceed less from the mouth and throat than from the deep chest and vast paunch.

"His eyes began to flash fiercer fire as we stood motionless on the defensive, and the crest of short hair which stands on his forehead began to twitch rapidly up and down, while his powerful fangs were shown as he again sent forth a thunderous roar. And now truly he reminded me of nothing but some hellish dream creature—a being of that hideous order, half man half beast, which we find pictured by old artists in some representations of the infernal regions. He advanced a few steps—then stopped to utter that hideous roar again—advanced again, and finally stopped when at a distance of about six yards from us. And here, as he began another of his roars and beating his breast in rage, we fired, and killed him.

"With a groan which had something terribly human in it, and yet was full of brutishness, it fell forward on its face. The body shook convulsively for a few minutes, the limbs moved about in a struggling way, and then all was quiet—death had done its work, and I had leisure to examine the huge body. It proved to be five feet eight inches high, and the muscular development of the arms and breast showed what immense strength it had possessed."

DEATH.

Seusenny.—In Chambersburg, Pa., May 16, Wm. D. Seusenny, M.D. Dr. Seusenny was much beloved by the people of Chambersburg and vicinity, as a physician and citizen, and possessed, in an eminent degree, the respect and confidence of the profession. At a meeting of the profession of Chambersburg and vicinity, on the 17th, resolutions of respect and condolence were passed.

Answers to Correspondents.

W. S.—Drs. Wilson Jewell and Joseph Carson, of this city, have each very large and rare collections of antique portraits of medical men. They are, probably, the most valuable of the kind in the country, and have been the result of much labor and expense.

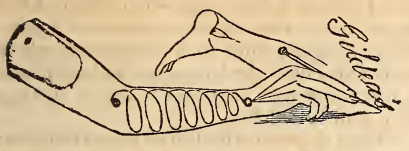
B. J.—The examination of candidates for posts of Division, Brigade, Regimental, and Assistant-Surgeon in the volunteer forces, commenced at Harrisburg on Thursday last, the 30th ult. This examining board does not determine the appointments, but its decision, in the order of merit, is referred to the Governor. It is believed that but one Division-Surgeon will be appointed at present.

Communications Received.

California—Dr. A. H. Hoershner, with encl. *Connecticut*—Dr. D. Rowe, Dr. P. W. Ellsworth. *Illinois*—Dr. N. E. Ballou. *Indiana*—Dr. J. A. Blackwell. *Iowa*—Dr. J. E. Ennis. *Massachusetts*—J. G. White, Dr. W. R. Chisholm, with encl.; Dr. C. S. Stickney, with encl.; Dr. C. C. Davis, with encl.; Dr. A. Sawyer, with encl.; Dr. P. S. Leaming, with encl.; Dr. H. E. Warren, with encl.; Dr. G. Atwood, with encl.; Dr. W. H. Gorden, with encl.; Dr. G. W. Stearnes, with encl.; Dr. L. Traver, with encl. *New Jersey*—Dr. T. Johnson, Dr. R. Woodhull. *New York*—Dr. N. R. Moseley, Dr. Louis Bauer, with encl. for Dr. J. Byrne; Dr. C. J. Nordquiet, with encl.; Dr. G. K. Smith. *Ohio*—Dr. O. E. Newton, with encl.; Dr. Thomas Johnson, with encl.; Dr. A. C. Barlow. *Pennsylvania*—Dr. M. J. M'Kinnon, Dr. G. R. M'Coy, with encl.; Drs. S. S. and R. S. Wallace, Dr. W. M. Herron. *Rhode Island*—Dr. J. W. Fearing, with encl.; Dr. J. W. Sarvin, with encl.; Dr. W. Handy, with encl.; Dr. J. D. Thompson, with encl.; Dr. Mumford, with encl. *Vermont*—Dr. L. C. Butler. *Virginia*—Dr. R. D. Bontecon.

Office Payments.—Dr. A. F. Shelly, Dr. W. Bunn. By Mr. Swain: Drs. Hitchcock, T. J. Keeley, B. M'Lerney, H. B. M'Lean, Dr. H. S. Burpee, Williamson Burmeister, D. W. Kolbe, (adv.) and J. M. Migeod, (adv.)

HENRY A. GILDEA,



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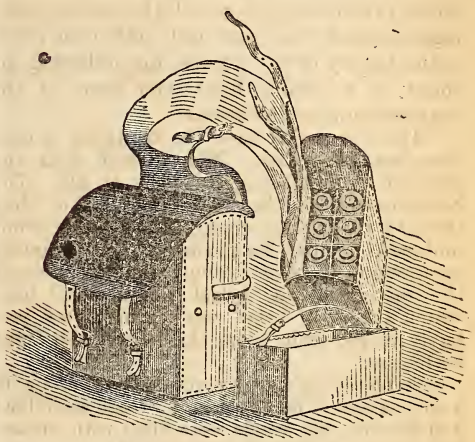

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" "	14	½	oz.	" "		
" "	4		Pots,	" "	and	
" "	1		Mortar,	" "		$15 50
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" "	10	½	oz.	" "	and	
" "	4		Pots,	" "		$12 00
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" "	1		Mortar,	" "		$20 00
No. 2, containing	7	1	1½	oz. Ground Stop. Bottles,		
" "	14	1	oz.	" "		
" "	14	½	oz.	" "		
" "	4		Pots,	" "	and	
" "	1		Mortar,	" "		$16 50
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MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 242. } PHILADELPHIA, JUNE 8, 1861. { NEW SERIES, VOL. VI. NO. 10.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Penetrating Fistula of the Thorax, of eighteen months' standing, the result of Traumatic Injury, successfully treated; with Remarks on Wounds of the Pleural Cavity.

By A. G. Walter, M. D.

Of Pittsburgh, Pa.

The history of the following case, and its unexpectedly successful termination, will, we hope, not be uninteresting, especially at a time like the present, when the threatening conflict of armies, near our homes, arrayed against each other, may offer analogous injuries to the military surgeon for treatment. Convinced, as we are, by observation, reflection, and experience, that the common practice of treating penetrating wounds of the great cavities of the human body by *timely and careful closure* is often *erroneous*, the fortunate issue of the present case and others should, at least, invite inquiry into a practice to be detailed in these pages, which, though not considered legitimate by authors, will, we are sure, if generally adopted, be the means of saving many, and of preventing dire consequences in others, whose wounds should happen to be of the penetrating character.

John O'Neal, thirty-two years of age, steamboat mate, with fair skin and light hair, of scrofulous constitution, had generally enjoyed good health in active duty. A year and a half ago, during a difficulty with some of the hands of the boat, he received a stab with a broad-bladed knife into the left side of the chest, between the eighth and ninth ribs under the left arm, inflicting a wound of *an inch and a half* in length, the knife having entered the pleural cavity. Profuse arterial bleeding immediately followed, which was soon arrested by the closure of the wound by sutures. Dispnœa, high inflammatory fever, cough, and bloody sputa soon set in, and empyema was the consequence. Nine days after, an abscess pointed below and in front of the original wound, already cicatrized, which was opened by his physician, discharging a large quantity of very offensive matter. A month later, the first wound opened spontaneously, giving vent to bloody pus. After a confinement of eight weeks, he improved somewhat, and was able to be about, both fistulæ discharging profusely. This respite was soon followed by frequent chills, with fever, night-sweats, dyspnœa, wasting of the muscles, loss of strength and of appetite, indicating too plainly the severe irritation under which his system was laboring. Continuing in this condition for some months, the fistulæ slowly and gradually closed, with evident improvement of his health. But this relief was only of short duration, for more harassing dyspnœa, pleuritic pains, and hectic fever reappeared, the original wound again opened, discharging a still larger quantity than it had done before, of greenish and highly-offensive matter. Discouraged by the fruitless though kind efforts of several of his medical advisers, his strength and means exhausted, and dispairing of recovery, he returned from the South to his home, near this city, and was soon after admitted into my hospital.

The appearance of the patient, being stoop-shouldered, pale and sallow, greatly emaciated, with short, quick, and painful respiration, a rapid and feeble pulse, frequent and protracted chills, during which his face assumed a purplish hue, irregular paroxysms of fever, oppression, and night sweats, with clammy, cold hands and feet, a short hectic cough, and sputa purulenta, with loss of strength and appetite, occasional diarrhœa, œdema of the ankles, and disturbed rest at night, was not calculated to inspire any hope of relief, pulmonary phthisis being but too readily suspected. On inspecting his chest, the left side was found motionless

during respiration, and was sunk in in front, below the axilla and under the clavicle, measuring one inch less than the opposite side. Auscultation elicited a feeble respiratory murmur in front, being entirely absent posteriorly and under the left arm. Percussion gave a decidedly dull sound over the whole left side of the chest. There was a fistulous opening under the arm, rather posterior to it, between the eighth and ninth ribs, surrounded by a papilla of fungous granulations, through which a probe entered readily, passing down and forward to the extent of five, up and backward to more than seven, diagonally inward to near four inches. On deep and prolonged inspiration the matter would squirt out of the fistula in a fine stream, with momentary relief to the oppression of breathing. The quantity of matter, of yellow greenish color, and highly-offensive odor, thus daily discharged, averaged more than a pint. In addition, there was a fistula on the left side of the anus, one inch from the orifice, communicating with an internal opening above the sphincter, which had opened spontaneously somemonths ago, the consequence of a perineal abscess.

Reviewing the history of the case and its symptoms, constituting traumatic empyema, the indications of treatment were plain. A generous diet was ordered, the chest daily syringed through the fistula with warm water, to which tinct. iodi., acid. tannic., and other astringents were added. Free and deep respiration was practiced with the view of expanding the compressed air-cells of the lung, so that pleura costalis and pulmonalis may meet and, eventually, adhere to each other. This treatment, however, though continued for several weeks, failed to afford relief, and we were led to conclude that retention of *coagulated blood* from a wounded intercostal artery or a *carious condition* of the ribs was the cause of the protracted suppuration. With this view, on December 8, 1857, in the presence of Drs. Lusk, M'Grath, and others, chloroform being administered, a crucial incision, of several inches in length, was made over the fistula down to the ribs, the flaps resected, and an inch and a half of the eighth rib excised with plyers; the intercostal space, between it and the ninth rib, being entirely effaced, and the rib itself being greatly hypertrophied. This opening being made, more than a pint of highly-offensive matter was forced out of the chest, and with it a purplish mass, closely resembling putrified lung, was removed by forceps, the quantity of which would have filled a moderately-sized tumbler. The smell which this coagulum (being the coagulated fibrin of the effused blood so long retained) emitted, was unusually offensive. Its retention, no doubt, had been the cause of continued irritation to the pleura, with protracted suppuration as the consequence. The chest, having been washed out with warm water, was now explored with the finger, without being able to reach the extent of the cavity. The lung was found collapsed by the pressure of the retained blood. Little blood was lost during the operation, but exhaustion following, as the after effect of chloroform, stimulants had to be resorted to. Reaction was slight and relief very marked, respiration more free and less frequent. The wound was kept open by pledgets of lint, removed several times a day for the evacuation of matter; the pleuritic cavity was daily syringed. Opiates and a supporting diet constituted the after treatment. The daily practice of deep and prolonged inspirations was kept up for some months and, improvement continuing, hectic disappeared; appetite and strength returned; respiration became still deeper and free of oppression. The left side of the thorax had sunk in more in front and laterally, and the discharge of pus, now more healthy, had greatly diminished. Still the probe entered the cavity of the pleura too freely, though less in front than behind. Iodine injections were again resumed, but had to be discontinued, as they produced chills and irritative fever. The condition of the patient remaining stationary now for some time, a change for the worse again took place, without manifest cause. Fever, night sweats, diarrhœa, an increased discharge of a more offensive nature reappeared, while the opening in the thorax was, with difficulty, kept from closing. The cavity of the pleura had evidently lessened in size, still there was a cause of the continuance of the discharges, which could not be removed, as the result proved, but by a more direct and free exploration of its interior.

With this view, on February 11, 1858, a more free opening in the chest was made by resection of two inches and a half of the eighth and ninth ribs by the chain saw, chloroform again having been resorted to. The abscess being thus fully exposed, a thick, dirty, pale-gray, pulpy pyogenic membrane was found lining its interior, which, being devoid of plastic organization, was the continued source of irritation

and suppuration, and a barrier to adhesive inflammation, setting in between the pleural surfaces for their ultimate consolidation. The diaphragm was seen as well as the pericardium and the pulsations of the heart, the lung being found pushed backward four inches toward the mediastinum, and was seen to rise on deep inflation. This pyogenic membrane, in its whole extent, from the diaphragm to below the scapula, was now carefully removed by the fingers and bent spatula; the size of the cavity thus exposed being such that a child's head of a year old could have been contained in it. The pleura was found thickened and the ribs greatly hypertrophied. Not much bleeding followed. The wound was covered with lint and warm water dressings, and anodynes were given at night. Reaction was moderate. Daily syringing the chest with infusion of chamomile, rest upon the affected side to facilitate the discharge, forced and prolonged inspiration by an inhaling tube, and a supporting diet, constituted the after-treatment. The discharge gradually decreased, became better in quality, cough and hectic disappeared again, strength and appetite returned, the muscles grew firmer, and sleep was sounder than it had been before. Still this decided improvement was again some weeks later interrupted by the accession of fever, night sweats, and offensive and increased discharge, for which no other cause could be assigned but the thickened and diseased condition of the pleura, being liable to have the quality and quantity of its secretions changed on slight interruptions of the standard of health. With the view, therefore, of restoring it to a healthy state, and to induce it to assume the adhesive inflammation, so indispensable for obliterating the pleuritic cavity, injections of sulph. of zinc were used, (the patient inclining his head downward in order that the injection may reach the apex of the abscess.) The opening gradually closing, tinct. of iodine was applied with a sponge fastened upon a whalebone to the interior of the abscess, when the discharge diminished, the left side having sunk in still more. Four months after the second operation, the fistula having cicatrized, the patient appeared restored to health. But, a few weeks later, fever again set in, with pain in the chest, vomituritions, diarrhœa, and purplish spots of the cheeks and lips, which were relieved by the fistula opening spontaneously, and discharging freely thick, flaky, and bloody matter. On the finger being introduced into the chest, the cavity of the abscess was found greatly diminished, its space being three-quarters of an inch in a horizontal direction, one inch downward toward the diaphragm, but several inches upward toward the scapula. The pleura was found coated again with a pseudo-plastic membrane. The interior of the abscess was daily touched again by a small sponge moistened with tinct. of iodine, bringing away flakes of detached fungous membrane. The quantity of matter decreasing, and the fistula obstinately contracting, some months later the same train of symptoms appeared as formerly. Tinct. of iodine was now injected and allowed to remain; afterward a weak solution of kali caustic, which had the effect of freely detaching flakes of the pyogenic membrane. These eventually ceasing to pass, chamomile injections were used alternately with the syringing of tinct. iodi composita. The abscess now gradually contracted upon itself, both pleuræ evidently meeting each other, there being now hardly any space between their surfaces, the probe entering with difficulty only in an upward and backward direction. The fistula, too, gradually contracted, but was kept open by the daily introduction of a bougie, when only a few drops of thin glairy fluid were forced out by deep inspiration. The injections were now discontinued, but the fistula was opened daily; then every other and third day, till all discharge ceased, when it was allowed to close about the beginning of January, 1859. Six weeks later, the anal fistula was treated by ligature and closed; a small piece of bone (one-eighth of an inch in diameter, and very sharp,) having been found in its track, which must be considered the origin of the abscess and fistula. The patient appeared restored to health; the respiratory murmur had returned in the left lung; he had become fleshy, all the organs acting in a normal manner. The left chest measured an inch and a half less than the right one across the nipples, but dilated freely under forced inspiration. A leather belt encircling the thorax was procured and advised to be worn in order to give that support which was required on account of the loss of part of the ribs. Three months longer he remained an inmate of the hospital, in order to test his permanent recovery, and left it in the latter part of April, 1859, in perfect health and spirits, and soon after resumed his duties as mate on the river. I hear from him frequently, and he is in excellent health.

The history of this case and its successful termination, being of more than ordinary interest, I need not, I trust, apologize for its lengthened report, the more so as the *immediate* treatment of the wound, though in accordance with the teachings of books and sanctioned by the profession in general, has been followed by consequences which have come near proving fatal. O'Neal was stabbed into the left pleural cavity; the arteria intercostalis was wounded; hemorrhage took place with prostration. The wound was closed as soon as possible by suture and cicatrized, and pleuro-pneumonia, with oppression, set in, followed by empyema. An abscess pointed and was punctured, the original wound, too, opening again, and a profuse offensive discharge continued, for many months, debilitating the patient, and imprinting on him the features of a confirmed consumptive. A variety of constitutional treatment was instituted without any relief. The resources of the physician being exhausted, surgery is appealed to, and through it the patient, after a lapse of nearly three years, is saved, whom correct surgery, if timely applied, would have spared the dire consequences through which he had subsequently passed, there being a fistulous opening communicating with the left pleura, from which an abundant offensive discharge had been flowing for several months. By the exploration with the probe, a large cavity in the pleura is found, the probe entering obliquely down five, inward four, and upward toward the scapula more than seven inches. The left lung having receded upon itself with entire absence of respiratory murmur, a carious condition of the ribs, or the presence of empyema, the mere effect of pleuritis could not have kept up the collapse of the lung, and it was justly inferred that *coagulated blood*, retained and putrified, and thus acting as a foreign body, was the cause of the continued patency of the chest and the continued discharge. The coagulated blood could not be removed through the fistulous opening without previous enlargement; resection, therefore, of part of one rib, was resorted to with evident success. The blood was thus evacuated, and irritation of the system ceased. Still, improvement was only temporary, as the pleura having, from constant irritation, become thickened and covered with a fungous membrane, continued to secrete matter which injections of a stimulating and astringent nature failed to check. A second and more free resection was then made, some thickened blood and the pseudoplastic membrane, lining the empyematous cavity, were removed, when, under the use of syringing and stimulating applications, assisted by forced and prolonged daily inspirations, the collapsed lung expanded again, and both pleuræ having reassumed their natural condition, were ready to adhere, thus obliterating the cavity and restoring the patient to health.

These being the facts, there cannot be any doubt that the time-honored rule of practice in penetrating wounds of the thorax, viz: the *timely and careful closure of the wound* after the bleeding vessel has been secured, for fear that collapse of the lung would follow the entrance of air into the pleural sac, is *totally wrong* and ought to be discarded. It is *not* true, that atmospheric air—a medium which is constantly surrounding us, and without which our existence must cease—when entering the pleural cavity will *necessarily* produce collapse of the lung and phlogosis, with its results. Why should its contact with the pleura be more injurious after accidents than with the other serous tunics lining the great cavities and their organs? We puncture the abdominal cavity with impunity, enlarge abdominal openings with protrusion of the intestines, without apprehension of danger; we puncture even the pleura in hydrothorax and empyema, and do not fear a bad result; and yet we are taught to believe that air, entering the chest from wounds inflicted in a healthy state of the system by accidents, and not made for surgical purposes, is extremely hazardous.

Denying the deleterious effects of the contact of air with the pleura, it is yet very doubtful if air, in such a quantity as to cause compression of the lung, can enter an incised wound, considering that the several tissues, (skin, cellular tissue, aponeurosis, muscles, and pleura,) when traversed by the instrument, are of different degrees of elasticity and density, that the fibres of the two sets of intercostal muscles run in opposite directions, and that the internal and external openings are seldom found exactly opposite to each other. Moreover, after the infliction of penetrating wounds, the patient generally becomes feeble and faint, the respiratory efforts, checked, too, by pain, grow consequently weaker, the thorax expanding less, and the intercostal spaces collapsing. Under these circumstances, atmospheric air cannot enter by a small and oblique opening; but if large and capable of admitting a free current of it, with

consequent oppression to the lung, the instinctive efforts of nature to relieve the lung of the compressing agent would be called into action by deep inspirations, and the air thus entered would be expelled again through the wound. Therefore it is *not the entrance of air* in penetrating wounds of the thorax which constitutes the danger, but hemorrhage, with its effects and consequent inflammation of the thoracic viscera with its results. Though bleeding from a wounded arteria intercostalis may have, either spontaneously or by pressure and ligature, been arrested, yet it cannot be safe to close the wound immediately after, as already effused blood in the pleural cavity has to be removed. Admitting that small quantities, when extravasated, will be absorbed, it cannot be denied that a large quantity, when filling the sac and forcing the lung upon itself, will remain unabsorbed, and thus act as a foreign body, inducing empyema, with grave constitutional irritation.

The correctness of the above conclusions being fully borne out by the result of this case and similar others, we are constrained to adopt, as the *only proper and safe practice* in the management of wounds of the thorax suspected to be penetrating, the following rules:

The *first* duty of the surgeon must be to ascertain, by gentle probing, if the wound be penetrating or not. This surely cannot augment the injury, being, moreover, demanded for the purpose of detecting, in the track of the wound, the presence of a foreign body—a broken knife, bullet, etc. Thus the depth of the wound and its direction being ascertained, the surgeon is put on his guard to expect internal bleeding. If this be present, the wound should be *left open*, the bleeding arrested by local and general means, and the outward flow of blood encouraged by inclining the body toward the wounded side. The propriety of even enlarging the wound, if it be small and inward bleeding excessive, cannot be questioned. But, if the effusion be moderate and the wound small, it may be left to itself; if large, however, and the effusion great, part of the aperture should be left open, the rest closed by sutures or plaster. The hazardous effects of secondary hemorrhage will thus be prevented by a free opening for the exit of the effused blood. Supporting the chest next by a bandage, in which an opening has been left opposite the wound, and by general and local antiphlogistic means the patient will then escape the danger which otherwise must follow an injury of such a grave nature.

Conclusively as the foregoing case has proved, the impropriety of *early* closing, penetrating, thoracic wounds, the following, taken from my notes, will give some additional weight.

James O'Leary, twenty-one years of age, was stabbed, in 1856, with a penknife in the posterior part of the left side of the thorax, below the scapula, the wound not exceeding in length three-quarters of an inch. Some bleeding following, he walked to the office of a physician of this city, who, closing the wound with emplast. adhesiv., dismissed the patient with the remark "that the injury would *not* amount to any thing." However, great oppression of breathing took place in the evening, and in eighteen hours O'Leary was a corpse. The post-mortem examination, held by the coroner, revealed profuse effusion of blood into the left pleura from a wound of the intercostal artery, with compression of the lung.

The assailant was tried for murder, convicted by strength of the testimony of O'L.'s attending physician, who, supported by another practitioner, declared that the wound was *mortal* in spite of proper (?) surgery instituted, alleging that the patient could not lose blood enough from the cutting of the intercostal artery; nor could the cavity of the pleura hold blood in sufficient quantity to cause death. The Governor, however, on application of the friends of the condemned, had him reprieved on the testimony of several surgeons, who, upholding the correctness of our conclusions, were frank to admit that the wound not being necessarily fatal, bad surgery and gross carelessness of management had produced the death of young O'Leary.

Mrs. Mary Zimmerman was stabbed (1845) by her husband with a shoemaker's knife into the left thorax, between the seventh and eighth ribs, under the shoulder-blade, the wound being two inches in length. Internal bleeding took place; orthopnea, with high fever, pleuropneumonia followed; relieved by death five days after the infliction of the injury. The wound had been immediately closed by a practitioner. Post-mortem examination revealed the point of the knife, an inch and a half long, sticking between the ribs, with profuse effusion of blood into the pleura from a wound of the intercostal artery. Can it be denied that neglect of probing the wound and its immediate closure was not the cause of the death of the old lady?

August Leusler, thirty years of age, was

stabbed (1858) with a broad-bladed knife between the fourth and fifth ribs, outside of the right nipple, inflicting a wound of two and a half inches in length. Profuse external and internal bleeding took place, the surface of the body became anæmic, and the pulse was flagging. A physician being called in had stitched the wound immediately. The respiration becoming oppressed with entire absence of respiratory murmur in the right chest, I was called in and removed the stitches, opened the wound, and, inclining the patient toward the right side, allowed the extravasated blood to ooze out with relief to the embarrassed respiration. Ice and position on the right side arrested the bleeding. Strong antiphlogistic treatment by venesection and repeated leeching moderated inflammatory action, removed the coagulated blood, and perfect recovery eventually followed. Considering the immediate relief which reopening of the wound, evacuation of some of the infiltrated blood under the position of the body upon the wounded side in this case produced, should the old practice of early closing the wound, for the purpose of shutting off the entrance of atmospheric air, be sanctioned any longer?

We need not adduce further proof of the success of a practice in opposition to one which, though old and venerated, must, nevertheless, yield to the test of scrutiny, observation, and experience; and we submit our remarks about the innocuousness of atmospheric air to the pluera, as well as to other serous menbranes, to the professional reader, fully convinced that pure air, one of the best of men's pabula vitæ, is not the enemy of the surgeon, but rather his friend and helpmate. Air does not compress the lung nor inflame it and the pleura when entering its cavity. It does no more injury to the pleura and the lung than it does when admitted into the interior of large abscesses when opened. It is true that large collections of matter, the consequence of deep-seated organic disease, when freely opened, will hasten the destruction of the patient, as in the case of psoas abscess and similar others. Still, even in these instances, it is not, we feel convinced, the admittance and admixture of air with the secretum of the pyogenic membrane, lining these cavities, which, by changing the quality of the matter and increasing its quantity, reduces the patient, as supposed, but it is the exposing the numerous secreting vessels of a large pyogenic surface by free incisions, and thus relieving them of the pressure of the super-incumbent pus to which they were subjected before evacuation of the abscess, which enables them to pour out their secretion unrestrained as soon as formed, being no longer checked by the pressure of the matter which partially closed their orifices before. Suppuration, then, once freely established, must become excessive in quantity and vitiated in quality, merely by reason of excess of action and not by admixture of air. This theory, which we assume to be rational, will be corroborated by the analogous condition of many ulcerations of the skin, lined with exuberant granulations, which will, at times, secrete unhealthy matter in abundant quantities, so long as their vessels are unrestrained by supporting dressings. But as soon as these unhealthy granulations are compressed by proper bandaging, partially closing the mouths of the secreting vessels, a healthy granulating surface is established, secreting benign pus in moderate quantity. The sore is then able and ready to cicatrize kindly. Air, therefore, does not, as we believe, vitiate the matter in large abscesses when opened, but *want of support to the lining-secreting membrane* of their interior allows the matter to degenerate and its quantity to become excessive. The patient thus sinks exhausted by the continuance of the profuse drain from the system, as much so as he would from a copious and protracted hemorrhage, though in the former case the

Fig. 1.

fatal result is often hastened by pyemia and its direful results.

Fig. 2.

The accompanying sketches represent the situation of the wound and the configuration of the chest after the operation, showing, also, the scars left after resection of the ribs.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 204.)

SECTION II.

Hospitals are divided into—1st, General, and, 2d, Flying. To the first are assigned a medical staff, distinct from that immediately attached to the line of the army. The second are those hospitals attached to the army during active operations. Of this class we shall say but little, as they are but make-shifts at best, depending upon many contingencies, on account of being easily removed. During the summer, from June until September, large tents of India-rubber or oil-cloth have been found the most convenient. In some cases large barns, as before spoken of, were found useful field hospitals. Surgeon Mann, U. S. A., says:

"The sick and wounded were as comfortably lodged as they would have been in a dwelling-house, and much less incommoded by the heat of the weather, which was very oppressive (1812) at times, during July and August. Through the spacious and lofty rooms, by means of large double doors on each side of the barn, a free circulation of air was admitted, which was not only grateful but salubrious."

The New French Ambulance, or Flying Hospital.—The word is derived from the French *ambuláre*, to walk. The following is a description of the ambulance which was employed by the French army in Algeria. It resembles a large-sized omnibus to be drawn by two or more horses, weighing twelve hundred pounds, but constructed that it can be detached into separate portions like an ordinary wardrobe. In the interior we have a row of beds, carrying six or eight men with great ease, but, when crowded, may be made to hold, as in our ordinary omnibus, twice or even three times the number. Each bed is a "field-stretcher," or portable cot, which, by means of the guard, takes the wounded man from the field and fits in its proper place in the ambulance, without any fatiguing change. By having these cots or beds to hold water, being of India-rubber, the patient with a fracture can be carried with great ease. If water cannot be obtained, it should be so arranged as to be blown up with air, and having rings attached so that a soldier's musket will fit into them, can be carried on the shoulders of the men.

Larrey, in his memoirs of his campaign in Poland, says:

"From Golominn, the Imperial Guard continued to advance on Pultusk. The roads became worse after we left that city. It continued to rain incessantly upon us, and we continued to march through a thick clay that came up to the girths of the horses, in which the artillery was every moment mired, and a great number of the baggage-wagons stuck fast. Our army never performed a more difficult and tedious march. Under these circumstances, the advantages of our small ambulance carriages were evident, as they were fixed on two wheels, and, from their height and lightness, traveled more easily than the carriages with four wheels, or even the bat-horses."

The four-wheeled ambulance is found best for flat countries, but the two wheels for irregular or mountainous countries. Larrey, who invented the first ambulance, during his campaign on the Rhine, 1789 and 1792, states that each division of ambulance consisted of twelve light carriages on springs. The large sized, with four wheels, resembled an elongated cube, curved on the

top, with two small windows on each side, a folding-door opened before and behind. The floor, like the present, was moveable, and on it was placed a hair matress and a bolster of the same, covered with leather, (a great improvement would be the substituting of air or water.) The floor moved easily on the two sides of the body, by means of four small rollers; on the sides were four iron handles, (rings that would fall or fit in the wood would be better,) through which the sashes of the soldiers were passed while pulling the wounded on the sliding floor, (as our soldiers do not wear sashes, the use of their musket as handles is, I think, better.) When the army was engaged in rugged mountains, it was found indispensably necessary to have mules or pack-horses with panniers to carry materials for dressings, with surgical instruments, etc. The trappings of a horse belonging to an officer of the medical staff, were a French saddle, with a cloth, similar in color to the uniform of the rider, edged with gold lace of various extent, according to the grade of the officer; instead of holsters for pistols, Larrey supplied them with couriers'-bags, which were more useful; they were covered with a holster-cap, edged with lace. A small leather portmanteau (or medical saddle-bag or trunk) was also fixed to the saddle. This contained dressings, and might easily be opened without loosing the straps which made it fast to the saddle. Such an arrangement would be well for our surgeons or their assistants.

Hospital Construction.—The best principle of hospital construction is that of separate pavilions, placed side by side, or in line. The former is preferable. It diminishes the distance to traverse from block to block. The distance between the blocks should be not less than double the height of the ward.

There should not be more than two flats to the block, or more than one ward to each flat. There is, however, no objection to having seventy to eighty sick under one roof. For the sake of economy, it might be necessary to build each pavilion with three flats instead of two, although two flats are more convenient for administration. For the purposes of administration, the building ought to be in a square; the basement story connected all round by an arched corridor, with open terrace above. The whole hospital should be erected upon an arched basement.

A hospital, formed of separate pavilions, could be built in line, provided large, roomy, well-ventilated, and well-lighted staircases intervened between each two pavilions.

This is the plan of the new military hospital at Vincennes, which, however, forms three sides of a square. This hospital has only one kitchen. That not more than one hundred patients can, with safety and facility of administration, be massed under one roof, has come to be an acknowledged principle of hospital construction. Buildings of two flats are most compatible with perfect sanitary condition.

Of the Number of Sick which a Ward should contain for Health, Discipline, and Administration.—The best size of wards for ensuring the two conditions of health and facility of discipline, is for the accommodation of from twenty to thirty-two sick.

Wards containing fewer than twenty beds both multiply the attendance unnecessarily, and interfere with proper ventilation, in proportion to the number of patients. Wards larger than thirty-two beds are undesirable, because they are more difficult and expensive to ventilate.

It has been proven by experience that the presence of head-nurses, whether male or female, one to each ward, is essential to discipline. It is very desirable, for purposes of discipline, that men of the same regiment should not be placed together in the same small wards or general hospital.

It may be asked, Why should not all the sick be placed in one ward, provided there be cubic space enough? The answer is, With from twenty to thirty-two sick a height of fifteen to seventeen feet is enough, but it would not be enough for more, and height always involves expense. The greatest economy and the greatest safety to patients is in the above number.

The Amount of Cubic Space for each Bed.—The cubic space for each patient in this climate has been fixed by European sanitary science at not less than fifteen hundred feet.

A good proportion for a ward of twenty patients would be eighty feet long, twenty-five feet wide, and sixteen feet high. This would give sixteen hundred cubic feet to each bed. It would give thirteen feet between foot and foot, which is not too much where there is a clinical school. It would give an average of sixteen feet to each two beds in width.

Half of the sick are to be on each side of the ward.

The Best Proportion of Windows to Beds, with the Relative Position of Windows and Beds.—One window should be allowed for every two beds; the windows to be not less than four feet eight inches wide, within two or three feet of the floor, so that the patient can see out, and should reach to the ceiling. The pair of beds between the windows to be not less than three feet apart. Miasma, with good ventilation, will not be found to extend much beyond three feet from the patient, although from the excretions, it may extend a greater distance. Windows are to be placed opposite each other. Wire-gauze across the open part of the window will afford an extent of surface for ventilation not otherwise to be obtained, and preclude all possibility of draught upon the patient.

Windows opening as at Middlesex and Guy's Hospitals, in London, in three or more sections, with an iron casting outside, to prevent delirious patients from throwing themselves out, are the best form of window.

No part of the ward ought to be dark. For the purpose of ensuring a sufficiency of light, the walls should always be white, excepting, perhaps, for some few cases of ophthalmia.

The Best Material for the Internal Walls and Ceilings of Wards.—Impervious wards are of the first importance for hospitals. The walls should be of *Parian* or *other similar cement*, or *glazed tiles*. Bricks, as used at the Portsmouth Hospital, is highly objectionable from its porous character. Plaster is objectionable from the same circumstance; it absorbs organic matter. Both require very frequent lime-washing to keep them healthy. *Glazed* bricks would answer a good purpose.

The Best Material for the Flooring of Wards.—Oak wood, well seasoned, is the best; no sawdust, or other organic matter, capable of rotting, should be placed underneath the floor.

Concrete, or some similar indestructible substance, would be the best for the purpose.

The reason for using oakwood is that it is capable of absorbing but a very small quantity of water. And it is very desirable to diminish even that capability, by saturating it with beeswax and turpentine. Beeswax is an invaluable substance. This kind of floor should be cleaned like the French parquet, by frottage.

A hospital floor should never be scoured. A very good hospital-floor is that used at Berlin, which is oiled, laquered, and polished, so as to resemble French polish. It is wet-rubbed and dry-rubbed every morning, which removes the dust. Its only objection is its want of durability.

The stairs and landings should be of stone or marble. The corridors should be floored with diamoned-shaped flags or tiles, which are more durable than those laid in the usual manner.

The terrace might be either covered with asphalte or glazed tiles.

The Accommodation for Nurses—Extra Diet and Clean Linen.—There should be a nurse's room, and a small scullery attached to each ward, also a press in the ward. Baths should be attached to the hospital. The baths should be separated from the pavilion, but connected by the corridor. The walls and ceilings of the bath-rooms should be of fine white cement, or some similar material, and the floors of tile. They should be suitably ventilated and warmed. They should contain hot and cold water baths, sulphurous water, hot air, medicated and vapor baths, shower-baths, and douche. There should also be a portable bath to each ward.

The Best Form of Hospital Kitchen.—The kitchen should be placed away from the ward. Its walls and ceilings should be of pure white cement, for plaster has a tendency to fall off, from the vapor and effluvia of the kitchen. The cooking apparatus, boilers, etc., if placed in the centre of the kitchen, instead of against the walls, will afford twice the amount of fire space.

The Best Form of Laundry for a Hospital.—No reliable comparison has yet been made between the French system, adopted at the Salpétrière and Lariboisière Hospitals, and the English system. The French consists in filtering hot ley through the clothes, which are placed for that purpose in large tubs, with a compartment at the bottom, from which the ley is pumped up by machinery, and allowed to flow over the top of the linen, through which it filters into the compartment, to be again raised by the machine. This plan is stated to be the most economical which has been tried in Paris.

There are several good plans in use in the British hospitals. The essential characteristic of the Haslar Naval Hospital laundry is boiling by steam, the linen being afterwards placed in a rotary washing machine.

Another method in use at the Wellington Barracks, where the washing of the Guards barracks and hospital is done, consists in passing the linen through slowly-rotating washing tubs, in which it undergoes a process of *walking* by wooden rods. This plan is both economical and effectual. It is a further question in army matters whether the men should not be trained to do as much as possible by hand, so as to be serviceable in the field where machines cannot be had.

The Best Kind of Bedstead and Bedding.—Iron bedsteads and hair matresses.

Ward Furniture.—Oak furniture is decidedly the best. The less ward furniture, generally speaking, the better. For all purposes of eating, drinking, and washing, glass or earthenware are to be preferred. Tin vessels of certain kinds cannot, by any amount of cleaning, be freed from smell.

Water Supply and Drainage.—The water should either be drawn from a tank, at a distance from the hospital, or from a main under pressure, but never from a cistern within the hospital. *No drain should ever pass under a hospital.*

The Best Position for the Water-closets.—The water-closets should be placed at the end of the ward opposite the entrance, and separated by a lighted and ventilated lobby. They should be of the best construction, self-acting. Adjoining should be a small bath-room for bad cases and lavatory.

The Best System of Ventilation for a Hospital.—The doors, windows, and fire-places should be the means of ventilation for such ward as these; nothing else is wanted.

The Best System of Warming for a Hospital.—Radiation; open fire-places. Heated air from metal surfaces should never be used for warming. It has a tendency to produce disease of the lungs.*

To what extent and in what manner can Female Nursing be rendered available in General Hospitals attached to an Army in the Field or at Home?—Florence Nightingale informs us that female nursing might be introduced in general hospitals, both at home and in the field, if only women of the efficiency, responsibility, and character of head nurses in civil hospitals be appointed. Say one to not less than twenty-five bad cases; the orderlies doing under the head female nurse the duty done in civil hospitals by assistant-nurses. But the head female nurse must be in charge of all that pertains to the bedside of the patient, of his cleanliness, of his bed and utensils, of the administration of medicine, of food, of the minor dressing not performed by the surgeon; in short, of all that concerns the personal obedience of the patient to the orders of the surgeon. She must accompany the surgeon on his visits and receive his orders. She must also be in charge of the ventilation and warming of the ward. She must report any disobedience of the orderlies, as far as regards the patient's personal treatment. There need be no clashing with the ward-master or hospital-sergeant. On the contrary, it would be the duty of these to enforce the nurses' authority. They will have enough to do, besides, with returns and accounts, and with enforcing discipline as to hours, meals, clothing, etc., among the orderlies out of the ward.

The female nurses should be, of course, under a female head, whose duties must be carefully arranged, so as to be in accordance with the code of hospital regulations.

Miss N. is of the opinion, from careful study and investigation, that female nursing could not be employed with advantage in regimental hospitals.

* Evidence given before the Royal Commission by Miss Nightingale, affecting the sanitary condition of the army and hospitals.

Anomalous Tumors.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Diseases of the Mouth—*Continued.*

About a year ago, a Mrs. Boyd, an old lady, sixty-nine years of age, residing on George street, West Philadelphia,—I give the name and address, that the case may thus attract the attention of numerous practitioners throughout the city who, at one time or another, during the last fifteen years, have been consulted concerning it, and to whom its finished history will, without doubt, prove very interesting, if not profitable,—applied to me, being kindly directed by some unknown professional friend, concerning a tumor of the mouth, from an inflamed condition of which she was at the time enduring much suffering.

Ocular inspection revealed the following condition: A tumor, very scirrhus-like, hard, lobulated, and angry looking, occupied all that portion of the floor of the mouth, to the right of the mesial line; general inflammation of the whole oral cavity, to such extent as to make mastication too painful to be practiced, and to render deglutition very difficult. All the teeth in the neighborhood loose, and occupying irregular positions, the result, evidently, of a hyperplastic condition of the alveolo-dental membranes. The superficial cervical glands, especially those of the sub-maxillary region, sympathizing to a considerable extent; while the sub-maxillary gland, itself, was so enlarged as to render it sufficiently prominent to be easily mapped out.

The patient seeming unable to talk of anything except her present great pain, which she described as cutting, tearing, burning, et cetera, I dismissed the case for the day, after prescribing for her immediate relief, namely, the ordering of leeches, aperients combined with Dover's powder, astringent local applications, etc.

Two days after, I again visited the case. The general inflammation was resolving very rapidly, while the mental equilibrium of the patient was quite restored.

The disease had been pronounced cancer by several gentlemen, and advice given that no application of any kind should be made to the tumor; that the patient should not even permit it to be handled for any further examination. Under this impression as to its character, the patient had given up all hope of any permanent relief, and was awaiting the end she expected.

The history of the case is as follows:

Eighteen years ago, while engaged in milking an intractable cow, the patient received a kick under the chin, so severe in character as to confine her to bed for over two weeks. This trouble gotten through, the parts soon recovered their natural tone, and seemed as well as ever.

A little over nine months had passed, however, before she was made conscious of occasional slight inflammatory attacks about the region of the sub-lingual gland. These attacks continued to grow in frequency and extent, terminating, to use her own language, "by a something which looked like a whitish worm, coming from somewheres into her mouth." This worm, she said "was always the assurance to her of immediate relief."

The trouble continued to re-occur for over a year, when a tumor began to develop in the parts. The inflammatory attacks now decreased in number, but increased in severity—the patient noticing that after each inflammation the size of the original tumor was augmented.

So the case ran on for a period of several years. It was remarked, however, nearly ten years back, that the tumor had ceased to enlarge from the inflammatory attacks, having at that time gained the size of a pullet's egg, and neither increasing or decreasing up to the time of my examination. Understand me to refer to the tumor in a quiescent state, for each succeeding inflammation swelled all the parts, tumor included, temporarily, more than the one which had preceded it.

The patient, I remarked, was sixty-nine years of age, general health quite good; no constitutional evidence, that I could perceive, of the cancerous cachexia.

Now, while the history of this tumor, in its local features, was in many points the history of cancer, yet, considering its location, considering the affection of the gland duct, which, as indicated by the story of the worm, evidently had association with the tumor; considering the inflammatory attacks to which the parts had been so frequently subjected, and which had resolved harmlessly; considering the length of time the tumor had existed, without passing or apparently tending to pass to the ulcerative stage; considering these features in a diagnostic point of view, I decided, and felt firm in the decision, that the tumor was benign, and not a cancer.

What then was it? The trouble commenced evidently with inspissated ranula. My convictions, founded on the history, was, that it was still a ranula. Not ranula, as derivatively we understand the meaning of that word, but ranula, as pathologically the term has association with the salivary ducts. What the contents of such cyst, if cyst there was, might be, I did not feel prepared to decide.

Acting on the strength of this conclusion, I suggested to the patient my impressions, and requested to be allowed to pass a scalpel through the parts. This, however, met with a most decided negative. The refusal not being, perhaps, so very strange, considering the assurance that Mrs. B. had so often received, that any attempt to operate would be her death warrant.

Failing in several other attempts at persuasion, I became, at length, annoyed at the obstinacy of the patient, and dismissed the case.

About a month after, however, prompted by curiosity, I called again on Mrs. Boyd. There was now not the slightest evidence of inflammation about the parts. The tumor was about the size of a pullet's egg, hard almost as stone, and distinctly divisible into three lobes. The patient assured me that, with the exception of an occasional sharp pain, she felt little or no inconvenience.

At this visit, more than ever satisfied with my diagnosis, I re-urged an operation, but which was as decidedly refused as before.

Saturday morning, May 11, I was again called to see this patient. She was suffering from another of the inflammatory attacks: the most severe she had ever experienced.

Examination discovered the tumor swollen to such an extent as to throw the tongue over into the left cheek. Mastication had been impossible for three or four days, while the ability to swallow was being very rapidly lost; yet with all this inflammation, there seemed no tendency to the formation of abscess.

Placing the old lady in an arm chair, before the window, without asking permission or offering any suggestion, I managed to get the mouth under my control, and, before she was aware of the intention, I passed a bistoury directly through the body of the tumor—the knife grated over some hard substance.

After a time spent in making peace, in which I was greatly assisted by the assurance I was enabled to give of the discovery which would result in her immediate cure, I proceeded to the dissecting out of the foreign body. This, as anticipated, proved to be a salivary calculus, an almost fac simile of which is figured in Gross' System of Surgery, vol. 11, page 633. The specimen is now in possession of my friend, Dr. D. H. Agnew, to whom I presented it for the pathological museum of the Philadelphia Hospital.

The pathology of such a lesion is at once appreciated, when we remember that lime is one of the constituents of the saliva, and that the formation of the calculus in this region was merely secondary to the occlusion of the mouth of a gland duct.

A surgical point, however, of considerable interest pertains to the exact location of the stone. Was it in the duct of Wharton? or did it occupy the location of the sub-lingual gland? Prof. Pancoast, who has seen the calculus, is of the opinion that it was in the duct of Wharton. If he is right, (and it is proper that every deference should be paid to his ripe judgment and great experience,) then my cut healing along the whole line by immediate union, a ramula must necessarily re-form unless I make a free passage. If, on the contrary, my original impression should happen to be right, that the calculus had been formed in the sub-lingual gland, and had finally obliterated this gland, then, of course, there is not likely to be any further trouble.

I was led to infer that the body was formed by the sub-lingual gland, because it seemed to me to occupy the exact locale of this gland; and, because, after gaining a size somewhat corresponding to the gland, which size it gained several years ago, it has since remained stationary.

It seemed to me reasonable to suppose, that if the calculus was in the duct of Wharton, it must have been constantly adding to its bulk, and there would be no fair reason why it should not have so augmented.

However, a cotton tent which I placed in the wound came out the day after the operation, and the incision has healed by first intention throughout.

I will see the case the day before this paper goes to press, and report the result; if the ramula tends to re-form, I shall abort its consequences by making a fistula with silver wire.

To-day, my friend Dr. J. J. Woodward, who has made an analysis of the calculus, informed me that he found it composed almost exclusively of the phosphate of lime, only a very small trace of the carbonate being perceptible.

Saw Mrs. Boyd this day, June 1. All induration has so completely disappeared that I think it would be difficult for any one who had not seen the case to say which side of the mouth the tumor had been removed from; not the slightest perceptible tendency to ranula is visible.

This case will, I think, serve as a fair illustration of obscure ranula. A few words in relation to the general features and treatment of ordinary ranula, and we may leave this class of tumors for a consideration of others belonging to the same region, and quite as important to be studied.

Ranula, pathologically considered, has a wider signification than "a cyst under the tongue, resembling a frog's belly." The practitioner, without experience, who goes to meet his first case with the idea of this book description in his mind, will more than likely find

himself entirely lost with what, perhaps, may be truly a very simple case.

Thus, for example, the case related by Prof. Gross, page 634, of his surgery, where a ranula was of such a character as to be removed by enucleation, being a solid, gristly mass, the size of a hen's egg. Such a ranula certainly could not have had a very striking resemblance to a frog's belly.

Again, ranula is not necessarily associated with occlusion of the gland ducts. A single secreting cell may form ranula pertaining exclusively to itself, just as a sabaceous tumor pertains to a single sabaceous gland; and I can as readily imagine such a ranula displacing the substance of the gland proper, as I can understand a similar displacement through an advancing scirrhus of a mammary or any other gland.

Ranula has, as its most common cause, occlusion of the mouths of the salivary ducts. I think I know of the existence of so anomalous a ranula as one formed in the socia parotidis. The tumor is quite small, and situated about the middle of the cheek immediately above the line of the duct of Steno. If I should cut down on this tumor, I would not be at all surprised to find it containing a calculus; it had its origin in injury done to the parts by the extraction of a tooth.

Now, the mouths of ducts are most commonly closed, as the result of local inflammatory action; somewhat about as a stricture of the urethra results from inflammation of this canal.

The origin of ranula may, therefore, not unfrequently be found in periodontitis, or other local affections of the teeth; the presence of salivary calculi, so common to the neighborhood of the inferior central incisor, might easily be inferred as a cause, considering the subacute inflammatory action it is so certain to provoke.

The treatment of a ranula, to be effective, must meet the indications of each particular case. If we have a simple "frog's belly" ranula, the indication is, not merely to puncture the cyst and evacuate its contents, for this puncture would immediately re-unite, and in a few days the ranula would be as large as ever, but a portion of the sac must be taken away, and the cure is to be restricted to a process of granulation.

If we should have a case to treat, in which, from effusions of lymph, the cyst has become very much thickened, we are to evacuate the contents, and inject the cyst with the tinct. of iodine; or, we may stuff it with lint, or treat it in any manner which shall fulfill the indication, which is to obliterate the cyst.

A solid ranula is to be dissected out. If the sub-lingual gland itself should become a solid body, there would be no good reason why it should not be removed. All such operations will be found not difficult to do; the ranine artery and gustatory nerve are the most important anatomical features of the parts, and it would have to be an awkwardly-handled knife that could possibly cut either of these.

If, in any case, for the cure of ranula, a false passage seems indicated, I do not think there is any better or easier mode of making such a fistula, than by simply passing a thread of silver or lead wire through the distended duct, and, securing its ends, allow it to remain until cast off by nature.

(*To be continued.*)

Microscopia of Herpes.

By Gerard Arink, M.D.,

Of Rochester, N.Y.

In connection with this subject the observations of Baerensprung in the Annalen des Charités, Krankenhausen Zu Berlin, (Jahrg. viii. 1st Stuk.,) are very important to the medical man. According to his experiments, herpes circinnatus, lichen circumscriptus, impetigo figurata, pityriasis rubra, and porrigo lentulata, belong to the same type.

The herpes, (or salt rheum as popularly known,) develops first on the epidemics of the skin, then penetrates into the deeper stratum of the skin, the rete Malpighii, and so into the hair-sac, entering into and around the substance of the hair, as moss around a tree, destroying the hair, and more or less inflaming the skin, according to the inflammatoriness of the subject affected. This disease appears now like papulæ, then like pustulæ, or vesiculæ, then again like squamæ.

The sporæ, which is the germ for transplantation or cultivation, is ready, at any time, either in summer or winter.

The herpes has this peculiarity, that from the point where it first commences, it always, in developing forms a circle or ring—hence, ring-worm. It sometimes occurs that the points of commencement are very approximate,

and in proceeding with the ring formation they flow together, and thus make different figures, (forma gyrata.)

The spreading out, or extension, or creeping character of this disease, is expressed in the Greek by the term "herpes," in the Latin by "serpigo," which two words signify the same thing. The English, German, and Hollandish term "ring-worm," combining two ideas, viz: the creeping or spreading quality of the disease, and its ring-form as well.

The mother-plant, which the herpes proceeds from, is, according to Baerensprung, a kind of mycelium. When the herpes has more or less impenetrated the skin, it assumes three different characters:

1st. Cloasma—which is confined to the epidermis.

2d. Tinea-favus, porrigo lupinosa; or according to Willan—"porrigo-scutulata;" or "tinea tondens," according to Mahon—whereas Grudy calls it "tricho-phyto-alopnecia," which signifies "hair-mould baldness." In this case the sporæ penetrate as deep as the glandulæ, adiposæ, and hair-bulb; they cling to the neck of the hair-bulb, interrupts its growth, causing it to break and rub out. This foreign growth extends more and more till atrophia of the hair is produced, it cannot grow any more, the soil, is, as it were, poisoned, and its natural growth smothered by this parasitic vegetation, and an incurable baldness is the consequence.

3d. Herpes tonsurans. This commences on the epidermis, thence penetrates to the fat glands, hair-bulbs, and spreads its sporæ into the leather substance of the skin.

Malmsten was the first who discovered that herpes was a vegetable parasite. We may often observe upon the face a herpes circinnatus, or "lichen circumscriptus," or gyratus, all of the same type, but made different in their appearance from the locality where they exist. Baerensprung mentions having observed twenty-seven varieties of the same type, which differed in appearance only from certain peculiarities in the individuals upon whom they were found.

In regard to the *form* under which this disease appears, we would mention:

1st. The squamous form, which is a simple round ring, (the "herpes squamosus" of Cazenave—the "dartre furfuracée arrondie" of Alibert)—or the flowing together of different eruptions, by which large irregular spots are made, (the "pityriasis rubra" of Bateman; the "dartre furfuracée" of Alibert; the "herpes furfuraceus" of Sauvages.)

2d. The papulous form (the "lichen herpetiformis" of Davergée,) which consists of simple round rings, ("lichen circumscriptus" of Bateman, or flowing together. ("Lichen gyratus" of Biett.)

3d. Vesiculous form, which is called by Sauvages "herpes milliaris," and by Willan is usually styled "herpes circinnatus."

4th. The pustulous form (herpes pustulosus,) called "crustosus" by Callissen, and "impetigo figurata" by Bateman.

We find, moreover, two kinds made peculiar by the locality they occupy, which ought to be mentioned.

1st. Such as are found in the inguinal region, ("Erythema perineale" of Wilson, the "Pityriasis rubra inguinalis" of Davergée.)

2d. When found in the nails of the fingers, Meisner found the sporae in the nails to have been produced by scratching tinea patients; they become yellow when affected with the Favus-massa, break, and are generally disfigured. It must not be taken for granted, however, that all disfigured nails become so through tinea; inflammation, or chronic eczema, or sporiasis, may affect the bed of the nail and the consequence is disfiguration.

Herpes, in all its different forms, is a local disease; it comes everywhere, at all ages, to the rich and the poor, the healthy and the diseased, without interfering with any organs. It differs from cutaneous exanthema, in that it always commences from one certain spot, which slowly enlarges. That herpes can be transplanted or cultivated from animals to men, and from one man to another, and that herpes on animals are identical with those on the human subject, has been clearly proved and explained by Baerensprung, Prof. Garlach, and others. The experiments of the former are especially interesting. He, on one occasion, took the herpetic scab from a calf and rubbed it on his own arm. On the first day no effect was observable, but in the course of two or three days it began to itch, and, upon examining his arm, he found a herpes circinnatus as large as a quarter of a dollar; after eight days the spot had enlarged to the size of half a dollar, and in three weeks to the size of a dollar. In the middle thereof was a spot of a new eruption which appeared papulous and vesiculous. In four weeks there appeared three new spots, and Baerensprung becoming a little alarmed, thought it advisable to make an end of his experiments by destroying the eruption, which

he did by rubbing it with the following unguentum:

℞. Mercur. præcip: albi, grana duo
Unguenti simplicis, grana quinque,
Misce, fiat unguentum.

Prof. Garlach has made similar experiments with like results.

We find for the practitioner important facts recorded in the *Prager Vierteljarhrschrift*, 1860. Dr. Stein, at Baireuth, was requested to visit the family of a respectable music teacher. The patient was a little girl twelve years of age. She had an eruption on her face in the form of circles, she had them also on her neck, arm, and leg. A daughter, sixteen years old, also had a spot at the corner of her right eye. The mother was affected on her face and arm; a little boy, who slept with his mother, had spots on his face and legs; another son had a spot on his neck; an elder daughter, who had just returned home, was experiencing the same eruption; the father only was free. The eruption upon these different subjects, consisted of spots of the size of a quarter of a dollar, elevated above the skin, red, with tinea squamosæ, composed of laminæ of yellow brownish crusts, circumscribed with a circle of herpes-vesiculæ. In the first case the disease had been observed about six weeks. It became then a question of interest, "Whence did the first child receive the eruption?"

The violent scratching of the cat gave evidence that there must exist some cause for it; consequently the doctor examined the animal, and found places where the hair had fallen out, and there, fully developed, was the herpes circinatus, with its sporæ ready for cultivation. This cat was the pet of the little girl; was accustomed to be played with by her, and slept in the bed with her; ergo, the explanation of the whole thing—the cat was the cause of the family difficulty. Finally, as the result of all these observations, we conclude, beyond a doubt—

1st. That herpes in animals is identical with the herpes in the human subject.

2d. That herpetic lichens can be only understood through microscopic examination.

3d. That the different external appearance of the herpes does not arise from the existence of different kinds of lichen, but from the physiologic construction of the skin upon which it is found.

4th. That it is a local disease, the condition of the blood having nothing to do with it, as old practitioners used to teach.

5th. That the herpes in general, and the treatment especially, stands upon an equality with other parasitic eruptions, of which we have a type in the scabies.

Showing by these actioma that the disease, known as herpes, is of simple origin and character, so must the treatment of it correspond in simplicity. In place of the internal and external use of arsenic, quicksilver preparations, lead, copper, etc., the simple application of adhesive plaster is found to be all-efficient. The theory is this:

1st. According to natural laws, parasitic or lichenous life, as is the case in the higher ranks of the animal and vegetable kingdoms, cannot exist, except in the atmosphere in which it was created, consequently we use the adhesive plaster to shut off the atmosphere.

2d. Such application prevents any further increase or transplantation of the herpes.

3d. The adhesive plaster, properly applied, produces more or less pressure, which has a very destructive effect on the sporæ. Small strips of good sticking-plaster are laid one over another, in the manner of an expulsive bandage.

It is astonishing to note the progress which surgery has made within the past few years, as shown in the hospitals, as well as in private practice. Boxes, with a dozen or two of difierent kinds of unguents, lapis chirurgorum, etc., have nearly all been superseded by the more effective use of common sticking-plaster. We have seen the most inveterate fungous ulcers cured, simply by the application of a close-shutting, expulsive bandage of adhesive plaster; or, in other words, by effectually shutting off the atmosphere from the diseased spot.

Dandruff, so commonly found upon the head or "epidermis bran," as it is called, (schuppengrind,) is often very annoying by its presence in the hair, and the physician may sometimes be puzzled, if applied to, to prescribe an effective remedy, for the reason that it seems so simple a matter. For this almost universal annoyance, the following hair-wash is very efficacious:

℞.—Boracis, drachmas duas,
Aquæ rosarum, uncias octo. Solve.
S.—Wash the hair occasionally.

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It is reported that there is much sickness among the Southern troops in the vicinity of Pensacola, and that there is great need of good nurses. Surely this want can readily be supplied from the plantations. Colored servants make capital nurses.

EDITORIAL DEPARTMENT.

PERISCOPE.

TREATMENT OF HOUSEMAID'S KNEE BY SEATON.

At the present time three girls, of the respective ages of fifteen, sixteen, and seventeen years, are to be seen in one ward of St. Bartholomew's Hospital, under the care of Mr. Skey, who are the subjects of enlarged bursæ over the knee, brought on by kneeling on a hard floor or stone steps, whilst following their occupation as servants. The occurrence so early in life is unusual; but there is no reason why females of all ages should not be subject to this affection, if exposed to the causes which give rise to it. We recollect an instance, in University College Hospital, of a young man, under Mr. Erichsen's care, with an enlarged bursa over one of his knees, the result of his peculiar calling, which was that of a tacker down of carpets. When Mr. Skey's patients were admitted, all the acute signs of inflammation had subsided; but the enlarged bursæ remained filled with fluid. Various plans of treatment are recommended for this affection, including, amongst others, repeated evacuation by punctures, until the bursal sac secretes no further fluid, or is obliterated by inflammation. Simple as this process is, however, fatal consequences have ensued by the severity of the constitutional symptoms. Mr. Skey's practice is to pass through the tumor a thickish thread, which is allowed to remain in. This sets up inflammatory action, known by a little redness around the entrance of the thread, and the swelling either subsides altogether, or, what is more common, an abscess forms, which is opened, and the cavity becomes obliterated. In these three patients this treatment was followed out, and suppuration took place in all, with the result of cure. In one—the girl of sixteen—erysipelas was contracted in the knee, and in the foot of the same leg, from a patient in the neighboring bed. An abscess formed in the foot, which was opened, and the erysipelas is disappearing under the use of quinine internally.

Mr. Skey applies the seaton to all forms of housemaid's knee. He thinks it is perhaps better suited, however, to the hard and indurated bursæ.

There are some examples of this disease, wherein the walls of the cyst have become so thick and solid that no plan of treatment short of actual removal will prove of any avail. We have seen Mr. Fergusson, at King's College Hospital, dissect them out, under such circumstances, with good results. And we can call to mind an instance that came under our notice some months back, at University College Hospital, under Mr. Erichsen's care, of a girl who had a bursal tumor of this character wholly removed.

In October last, Mr. Quain had a girl, aged nineteen years, under his care in the same hospital, in whose left knee was a fluctuating bursal tumor, of the size of a small orange. This was treated by a thread seaton, with the result of causing evacuation of its contents, mild suppurative inflammation, and obliteration. In that instance the tumor had been present ten months, and arose from kneeling while scrubbing.—*Lancet.*

MEDICINAL TREATMENT OF GOUT.

The combination which M. Trousseau conceives to be the most efficient is that of sulphate of quinine, colchicum, and digitalis, proposed by M. Becquerel in the following proportions:—Quiniæ sulphatis 22 grains, ext. semin. colchici 8 grains, ext. digitalis 4 grains. M. Divide in pilulas decem. Two or three of these pills should be exhibited in the course of the twenty-four hours for two, three, or four successive days. M. Trousseau has prescribed these pills himself, and witnessed their exhibition by others, with sometimes wonderful success. He has found the excruciating pain of a genuine acute paroxysm yield in seven or eight hours, and the attack itself subside in two or three days. These are the pills the professor prescribes in the incipient stage of anomalous gout.—*Dublin Medical Press.*

EXPLOSION OF TEETH WITH AUDIBLE REPORT.

In a recent number of the *Dental Cosmos*, W. H. Atkinson reports three cases of this remarkable phenomenon. Without requesting of the reader a stretch of credulity, or offering any theory to account for it, we assert the respectability of the source of the report.

Case 1.—Rev. D. A——, Springfield, Mercer county, Pennsylvania, August 31st and September 1st, 1857. At nine o'clock, A. M. of August 31st, the right superior canine or first biscuspid commenced aching, increasing in intensity to such a degree as to set him wild. During his agonies he ran about here and there, in the vain endeavor to obtain some respite; at one time boring his head on the ground like an enraged animal, at another poking it under the corner of the fence, and again going to the spring and plunging his head to the bottom in cold water; which so alarmed his family that they led him to the cabin and did all in their power to compose him. But all proved unavailing, till, at nine o'clock the next morning, as he was walking the floor in wild delirium, all at once a sharp crack, like a pistol shot, bursting his tooth to fragments, gave him instant relief. At this moment he turned to his wife and said, "My pain is all gone!" He went to bed, and slept soundly all that day and most of the succeeding night; after which he was rational and well. He is living at this present time, and has vivid recollection of the distressing incident.

Case 2.—Mrs. Letitia D——, Vernon, Mercer county, Pennsylvania, 1830. This case cannot be so clearly or fully traced as case first, but was much like it, terminating by bursting with report, giving immediate relief. The tooth subsequently crumbled to pieces; it was a superior molar.

Case 3.—Mrs. Anna P. A——, Hemphill, Mercer county, Pennsylvania, 1855. This had a simple antero-posterior split, caused by the intense pain and pressure of the inflamed pulp. A sudden, sharp report, and instant relief, as in the other cases, occurred in the left superior canine. She is living and healthy, the mother of a family of fine girls.

THIRTY-TWO YEARS UTERO-GESTATION.

Dr. W. H. White reports, in the *Ohio Medical Journal*, the case of a colored female, aged *sixty-two* years, who, after a great deal of severe suffering, passed per vaginam the remains of a fœtus. She was taken with vomiting and excruciating pains, as if in the last stage of labor, which continued until after the fragments of a fœtus were expelled. Illness continued for some months, and she finally died from exhaustion and suffering. An autopsy showed that the womb still contained a considerable portion of the bony remains.

The woman had been married twice, and had had one child by her first husband. At the age of thirty, whilst living with her first husband, in an attempt to walk in the dark, she accidentally fell, striking the lower part of her abdomen transversely on a stick of timber. In consequence of this fall a severe inflammation supervened in that part of the abdomen. It was soon evident that she was pregnant, and she continued in ill-health until what ought to have been the regular period of utero-gestation. At this time she had some regular labor pains, and lactation was established, but no fœtus appeared.

Illness continued for two years, during which time offensive and bloody discharges came from the uterus. Health was then restored, and the secretive functions of the uterus returned, and she continued in health until the age of about sixty-two, when the extrusion of the remnants of the fœtus occurred.

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Miss D. L. Dix, who is so well known throughout the Union for her philanthropic efforts on behalf of the insane, and of the occupants of our county poor-houses, is in Washington, where she is devoting her energies to the welfare of the sick and wounded of the army. Much has been done, in great part through her efforts, toward organizing an efficient corps of nurses, and providing the necessary comforts for the sick and wounded.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 8, 1861.

PREVENTION BETTER THAN CURE.

Emergencies which have suddenly called into existence within the bounds of the United States, active and reserve forces, numbering, probably more than half a million men, make it incumbent on us to present from time to time such facts and observations on the subjects of military hygiene, surgery, and medicine, as will call to them the attention of the profession.

It devolves upon our profession, while we have the opportunity, to enlighten those who are entering upon a new and untried course of life, on the means, first of all, of preserving their health. We should not fail to inform them, and to make them fully comprehend, that sickness and not casualty—fever, dysentery, diarrhœa, etc., and not the bullet or the bayonet—are the foes that they have the greatest reason to fear. Already, though the campaign has but just commenced, we hear of measles at Fortress Monroe, of small-pox and diarrhœa at Harper's Ferry, intermittent fever at Cairo, and fever at Pensacola.

Taking these diseases as a type of what the volunteer soldiers must contend with for the present, we propose a few brief remarks on the prevention of disease. Much the larger part of our military have not yet entered the field actively. They are encamped in healthy, pleasant locations in the different States, where they are being drilled in military exercises, and inured to the hardships of a camp life, and where they should be well instructed by their surgeons in matters connected with the preservation of their health. There should be no delay in protecting the army from all danger of that loathsome and fatal disease, small-pox, by a general vaccination and re-vaccination. *This should be required by Government.*

In respect to other forms of sickness, soldiers should be taught that by morality, (including strict temperance,) care in regard to diet, drink, and exposure, and prompt consultation with the surgeon on the appearance of even slight indisposition, many days of sickness and suffering, and many valuable lives will be saved.

Dr. Livingstone, the enthusiastic and intrepid traveller, explored the wilds of Central Southern Africa "with the bible in one hand, and a bottle of quinine in the other." The principles taught by the one, and the protective power of the other against many of the diseases to which they will be liable, cannot be too strongly urged upon the attention of the thousands of men who have been called from peaceable pursuits with scarcely any warning, and are now exposed to the vicissitudes of camp life and field service.

Probably never before in the history of the world, was so large an army sent into the field whose moral standing is so high as that from the Northern States of the Union. Immorality and vice have been considered as almost necessary accompaniments of armies, and undoubtedly there is a great deal to be found among these soldiers. And yet it is a fact that one of the first officers provided for a large proportion of the regiments that have taken the field has been the Chaplain, while almost every man in many of the regiments is provided with a copy of the Holy Scriptures. So far as these influences will tend to prevent excesses, (and that will most assuredly be their natural tendency,) they will do a great deal toward preventing sickness and mortality in the camps.

Intemperance in eating and drinking, the use of intoxicating liquors, exposure to the sun and to the damp night air, especially after fatiguing marches or other labor, the neglect of wearing sufficient and suitable clothing, the immoderate and incautious use of cold water, both in drinking and bathing, when the body is overheated, may be mentioned as among the most potent causes of sickness and mortality among troops. A strict morality, which will beget a conscientious care of the health, will greatly diminish the amount of mortality among our soldiers whether in camp or field.

A late distinguished missionary to one of our Indian tribes, in a parting letter to them, says: "I was the first physician settled among you. *I first introduced among you that medicine that has saved so many lives*—QUININE." And referring to a time when thousands of these Indians were migrating from one portion of the country to another, and were living in camps, he says: "I have now about eighteen hundred cases on record, for which I prescribed in less than three months, *and but fifteen of them proved fatal.*" We know that with this missionary physician, as with Dr. Livingstone in Africa, *the* remedy he relied chiefly upon while his detachment were living an exposed camp life, was *quinine*, and we firmly believe that the same remedy, judiciously used in connection with proper hygienic measures, which will suggest themselves to any properly qualified regimental surgeon, will prevent much sickness in our armies.

We sincerely hope that surgeons will bear in mind that it is often much easier to prevent sickness than to cure it, after it is once established, and as the health of the soldiers in their regiments is placed in their keeping officially, they need labor under no embarrassment in adopting such measures, and giving such advice, whether to the command or in individual cases, as will tend to the preservation of health. In all localities, an enforcement through the officers, of the rules of morality, and care to prevent unnecessary exposure, will prevent much sickness, while in others, this may be prevented by a judicious employment of the remedy found so potent for good in the hands of Dr. Livingstone and the missionary referred to above.

SIR BENJAMIN BRODIE ON THE "READY METHOD."

There seems to be such general confidence in the method proposed by the late Dr. Marshall Hall for the restoration of animation in asphyxia, from drowning or other cause, that the profession in this country will be surprised to learn that its efficacy is denied by such eminent authority as Sir Benjamin Brodie. This distinguished surgeon says that he has never entertained any favorable opinion of what is familiarly known as the "ready method." He thinks that the repeated compression of the chest, for the purpose of expelling all the air from the lungs, would have an injurious effect on the action of the heart. Then, he says, that the mechanical disturbance occasioned by the continual rolling and tumbling of the body cannot be otherwise than mischievous, where the chances of life and death are equally

balanced, and must, in all cases, interfere with the natural process of recovery.

Brodie remarks, that in the treatment of drowned persons, as in the treatment of disease, the first rule of the medical art is to do nothing that may interfere with the natural process of recovery. When a drowned person is first taken out of the water, if the heart has not already ceased acting, there is generally a spontaneous effort to respire; that effort may not be repeated, perhaps, more than once or twice in a minute, or even not so often in the first instance; but if the attempt to respire has once begun, it will, in the majority of instances, continue, the intervals becoming gradually shorter; and the learned authority alluded to says, that he cannot doubt that such rough usage as that which Dr. Hall recommends would interfere with it; although it is not very improbable that every now and then, some one may recover in spite of it.

Brodie says that his conclusions on the subject have been the result of a great number of experiments on animals, and of much thought on the subject.

There has been a vast amount of testimony offered in favor of Dr. Marshall Hall's practical rules, but, as in many other cases of medical practice, a *propter hoc* may have often been mistaken for a mere *post hoc*—a sequence for a consequence. The authority of a great name as its originator, may have influenced many in signing their names to the memorial of three hundred medical men in its favor, and, as Brodie remarks, the question as to the mode of death from drowning is altogether a physiological one, to which the attention of very few has been directed, with the exception of those who are actually engaged in teaching physiology.

We believe that in this country Dr. Marshall Hall's views have been adopted generally, and been extensively brought to bear in cases of drowning, and in the more frequent asphyxia neonatorum. This denial of the efficacy of the "method" from such an eminent source, will re-awaken experimental attention to the subject, and will result in its proper appreciation. We commend it to the researches of our physiologists, and to the careful observation of practitioners whose humane efforts are occasionally directed to unfortunate cases of asphyxia.

Correspondence.

FOREIGN CORRESPONDENCE.

HOSPITALS IN ROME.

Rome, April 29, 1861.

Messrs. Editors:—On the twenty-second of this month, I visited the Hospital di Santo Spirito, which is the largest in Rome. It is intended exclusively for men, and chiefly for medical cases. This separation of the sexes into different institutions is, to me, a new thing. I had never before seen a *civil* hospital intended for *general* diseases, and yet for men only. There is a smaller institution—the Hospital di San Givacchino, which is for women only, and there is yet another one of importance on the Corso, intended for surgical cases.

The Santo Spirito contained, at the time of my visit, 590 patients. The largest number ever in it was 1,002. The wards are very large. In one of them there were 240 beds, two rows on each side, the head of one bed touching the foot of the one behind it. I was told that, when the thousand patients were there, there were *three* rows on each side. As a partial compensation for this, however, the ceilings are very high indeed; and what you would suppose, from the outside, to be the windows of an upper story, are in reality, as you discover on entering, only a second row of windows in the vast ward into which you are abruptly ushered. I say abruptly, because there is no entry, no ante-chamber, no porter's lodge, with singing birds, no beautiful garden to cheer your eye; but three steps from the street, place you in the ward. On the right and on the left of the door, are little glass counting-houses, (I can find no better name for them,) in which sit constantly ecclesiastics, ready to administer the last rites of the church to those whose souls are about to leave this world.

There are, on the average, eight, daily, who thus leave Rome forever. When they are fairly off, their bodies (their former habitation) are taken to the dead-house, where they all lie in a row, young and old, on the same long, low table, each having a string tied to the arm, by means of which, if the spirit should return, or should not yet be off, a bell may be rung, and thus probably frighten some poor nun out of her wits. There are, at least, forty nuns employed as nurses in the Hospital of Santo Spirito; but although the bodies of the supposed dead must lie for twenty-four hours on that table, not one of the nuns has ever yet been alarmed by the ringing of that bell.

The patients in the hospital certainly ought to be well taken care of, for, besides the forty nuns, there are forty or sixty resident medical students, six or eight resident physicians, and some attending physicians. The resident stu-

dents have each a bed-room, and take their meals in the hospital; the resident physicians have each his own little parlor as well as bed-room, and, in addition, a little—a very little—salary. They are, however, permitted to practice in the town, and, if they choose to dine elsewhere, an allowance is made to them on that account. They are bound to remain in the hospital six years; after that they are eligible to the concours for the post of attending physician. This concours, or examination, consists of the examination of six patients, in addition to which a thesis, written in Latin, must be presented. The Pope, however, has the power of appointment, if he chooses, without an examination of thesis, and even without the previously-residing in the hospital for six years. This power is occasionally exercised, but not very often. These attending physicians have a salary of one dollar a day, and for lecturing a little more.

One ward is for soldiers, among whom the prevailing diseases are venereal. Indeed, I was informed that diseases of that nature had increased very much in Rome since the concentration here of such large bodies of troops.

In the hospital, everybody, native or foreigner, is received. One has only to present himself at a desk just within the door, and a bed is at once given to him. Of course, he will be discharged by the physician if suspicion should arise of his coming only for his board, and not for medical treatment; but the peculiarity consists in the admission without medical examination. The case is not, however, wholly without an analogical case at home, for I have known sailors affected by a longing for repose and a peaceful home, to be admitted into a great Philadelphia institution, and stay there more than a day before sent away to find a more expensive lodging-place.

Along side of the main entrance is a hole in the wall, where foundlings are received in a cradle that can be turned by the hand from the outside, thereby ringing a bell. The little ones are taken care of in a neighboring building. A great many of the neighboring buildings are either connected with or belong to the hospital. There is a large palace belonging to the Monsignore Directore and Commendatore, who is necessarily an ecclesiastic, as he has authority over the nuns of the establishment. A new building, which is now going up close by, is intended for the clinics of Rome. There are to be twenty-four beds for surgical patients, and twenty-four for medical cases—the patients to be chosen by the clinical professors from any hospital in the city.

The building in which the nuns live adjoins the hospital. The houses on the opposite side of the way all belong to it, which is always indicated by a double cross (‡) over the doorway.

The total cost in the Hospital of Santo Spirito, for the support of a patient, averages two dollars a week, which is certainly not much: but, when the price of labor here, in the Old World, is taken into consideration, and also the circumstances that the nurses are not paid, I do not know that it is remarkable. All the medicines are prepared in the house.

Two more points remain to be noticed, namely: the museum and the dissecting room; the former is respectable, but nothing remarkable; the latter is the finest room in the establishment. An immense window at one end affords a view down the dirty Tiber, with its ugly dilapidated banks; and the student of anatomy can go there, when weary of using the knife, and enjoy a purer air than any of the patients are permitted to inhale, for there is no garden, and not even an open space or courtyard in which *they* can enjoy themselves while convalescent.

The tables in the dissecting room are of marble, supported by thick columns, which look as if they might have belonged, at one time, to the palace of some old Roman emperor, who little thought that he was serving the cause of science when he ordered those delicate columns to be hewn. A tin pipe, connected with a gutter running around the table, conducts the fluid-waste at once to the common sewer underneath.

I have now only to mention, last, an observation, which was the first I made, and that is an inscription at the door, announcing that the hospital, in consequence of an order of one of the recent popes, is not an asylum for thieves. I suppose that, even in this holy city, it was found not to answer that a free license should be given for any one patient to rob another and be out of the reach of the law.

Before leaving Rome, I hope to visit the University and the Botanical Garden; and, should I do so, shall send you an account of them.

Very truly yours,

M. D. Abroad.

—o—

The British Anti-Tobacco Society.—At a recent meeting of this organization the following resolutions were adopted:

1. That the more the influence of the employment of tobacco is investigated, the more conclusive is the evidence that it is detrimental to the physical, intellectual, and moral condition of those who are subjected to it; and so manifestly are its injurious consequences on the increase, as seriously to threaten the deterioration of coming generations.

2. That the evils proceeding from tobacco being such as are recognized in the resolution which has been passed, this meeting would urge, with all the earnestness of religious and patriotic sincerity, that the means which have been hitherto employed with such encouraging success, may be sustained by increased liberality and abundant personal co-operation by the British public, whose interests are so deeply concerned in this movement.

NEWS AND MISCELLANY.

Meeting of the Board of Surgeons at Harrisburg.—The Board of Surgeons, selected to examine candidates for appointment in the Reserve Volunteer Corps of Pennsylvania, convened in the House of Representatives Thursday last, May the 30th. The members comprising the Board are Dr. Henry H. Smith, Surgeon-General; Dr. Jas. King, of Pittsburg; Dr. D. H. Agnew, of Philadelphia; and Dr. Geo. Dock, of Harrisburg.

The mode of examination was one well calculated to determine the suitableness of the candidate for a position of this character. The questions were all printed and laid before the candidates, and their answers required in writing. After having finished, they were requested each to enclose in an envelope his paper, and endorse on the back his name, residence, age, time and place of graduation, with any hospital or other medical advantages which he may have enjoyed. The second day each candidate was examined as to his ability in the application of bandages, splints, and other surgical dressings, several "life-size figures" having been placed in the hall for that purpose.

In the course of the examination, a little incident occurred calculated to give a few moments pleasant diversion to the monotony of the hour. It was the entrance of Gov. Curtin, accompanied by his Aid, Col. Wright. A few taps from the hammer of the Surgeon-General apprised the candidates of his presence, when they arose in a body to receive his Excellency. Advancing to the Speaker's chair, he was addressed by Prof. Smith as follows:

"May it please your Excellency, in accordance with your orders I have convened, in this hall, a Board of Surgeons for the purpose of examining such candidates for the posts of surgeons and assistant-surgeons to the troops of Pennsylvania as you have permitted to present themselves. Permit me, then, on this occasion, to introduce to you, as members of the board, Dr. King, of Pittsburg, Dr. Agnew, of Philadelphia, and Dr. Dock, of Harrisburg. I also present to you the candidates—our fellow-citizens from all parts of the State—whose presence here is indicative of their interest in the welfare of our noble troops, as well as of their willingness to aid in the support of our institutions, and the maintenance of the beloved flag of our country."

The Governor, at the conclusion of these remarks of the Surgeon-General, spoke as follows:

"Surgeon-General Smith, members of the Medical Board, and Gentlemen: I meet you at this time under circumstances of mingled pleasure and regret. Regret that you should have been called from your homes to prepare yourselves for duties which are not in harmony with the spirit of the people of Pennsylvania, and one in direct antagonism with their peaceful pursuits. Our great founder established the government of this State in 'deeds of peace,' and the people of Pennsylvania have hitherto engaged in those arts and occupations which lead to moral and physical development. And yet, when these are threatened, when the stability of our government—based upon principles of beneficence and fraternity—is in danger, it affords me pleasure to see so many loyal gentlemen willing so sacrifice the comforts of home and its social ties, and offer themselves to the service of their country. I hope, gentlemen, the struggle may not continue long, and yet, judging from the past and the present, and looking with philosophic calmness into the threatening future, it is to be feared it will be prolonged and bloody, and that a long period will elapse before the concord and fraternity shall be restored, which, for more than seventy years, have been the distinguishing characteristics of the people of this great nation. We have answered the call to arms with a promptness which is in harmony with the history of our State, and, when the record is made up, no blot will rest on the courage and fidelity of Pennsylvania.

"I am not here, gentlemen, to speak of myself; the partiality of my fellow-citizens has placed me in a high official position in a most trying period. I have labored zealously in the discharge of my duty, and I intend to fulfill to the utmost of my powers, until the great end is accomplished, every requirement that may devolve upon me, and shall confidently await the deliberate judgment of a generous and just people.

"It is not strange I should be made the subject of comment, and I do not complain that every act of mine should be subjected to the strictest scrutiny: this is incident to my public position; but I have reason to expect a candid and fair judgment in face of the unmerited detraction and abuse heaped upon me. Pardon me, gentlemen, for thus alluding to myself; it was not premeditated when I was invited to enjoy the honor of standing in this intellectual assemblage, but is the involuntary expression of feelings which recent circumstances, probably known to you all, had called forth. Relying upon my conscious rectitude, and awaiting the power of truth for my vindication, I will no longer interrupt your proceedings, but conclude by again thanking you for the kind demonstrations of this occasion."

Philadelphia Hospital.—Drs. Duer and Sherrard, senior resident physicians, having resigned their positions, Dr. G. M. McGill, one of the junior residents, and Dr. H. W. Bellows, have been appointed to fill the vacancies.

Dr. J. K. Lineaweaver, of Lebanon, Pa., has been appointed assistant resident physician in the insane department.

Statistics of Health.—According to the best observations, the rates of both sickness and mortality increase as age increases from the age of fifteen years to the end of life,—at one fixed ratio of increase from year to year up to the age of fifty-five years (nearly), and thenceforward at another and much higher fixed ratio until the close of life. The necessary consequence of this parity of increase between mortality and sickness is, that the quantity (in duration) of sickness to one death, is the same for every age of life. This is found by observation to amount to nearly two years of sickness to one death at every age of adult life, when invalids are excluded. The same proportion holds good if invalids be included, but subjected to the condition that one year of invalid life-time be reckoned as equivalent to one-third of a year of sick-time. If all invalid life-time be treated as sick-time, the total sick-time would be two and four-seventh years to each death. The persons suffering constantly from acute sickness at any year of age will amount to double the number of yearly deaths, and the number of invalids or permanent sufferers from sickness will be equal to the number of annual deaths. In accordance with several observations, it has been here assumed, that invalids or pensioners, through inability to earn wages, are equal to one-half of the number constantly suffering from acute attacks of sickness at any age. In comparing together the results of attacks of sickness at various ages, it has been found by observation, that the proportion of attacks terminating in death increases with the age in the same degree as the rate of mortality increases with the age; it hence arises that the proportion of new attacks of sickness at all ages is constant, and that the duration of attacks of sickness increases with the age according to the same law as that by which the rate of mortality increases. The proportion of the living attacked by sickness in one year at any age has been stated to be one in three, nearly. The average duration of an attack of sickness in the general population of the working age (say from twenty to sixty-five years) has been estimated by Dr. Farr at thirty-six days, or one-tenth of a year. Since each person has on an average an attack of sickness once in every three years, it will ensue that the average duration of the sickness suffered by each individual of the working population in one year will be twelve days, or one-thirtieth of his life-time.—*Lancet.*

The Connecticut Medical Society.—The Sixty-ninth Annual Convention of the Connecticut Medical Society met at New Haven on the 22d ult., and continued two days. The address of the retiring President, Dr. Ashbel Woodward, was an unusually appropriate production, and a very able paper. When published, it will repay perusal. The Annual Dissertation was read by Dr. J. B. Lewis, of Rockville. The subject was "Hereditary Predisposition," and the paper was well received. Delegations were present from New York State Medical Society, and from the New York Academy of Medicine.

The convention was one of more than usual importance, inasmuch as the whole plan of its organization was changed. The Society is one of the oldest in the country, its charter having been granted by the Legislature in 1792. Through the whole period of its existence it has been conducted under the original rules or by-laws, by which the Delegates, or Fellows, as they are termed, are allowed debenture bills for mileage and per diem. This was all abolished by the late meeting, and the Society re-established on a more voluntary basis. It is to be hoped, and with much reason, that the change will work great improvements.

On the evening of the 22d the Society dined together at the Tontine.

The following officers were elected for the ensuing year:

J. G. Beckwith, M.D., of Litchfield, President; E. K. Hunt, M.D., Vice President; P. M. Hastings, M.D., of Hartford, Secretary; G. O. Sumner, M.D., Treasurer.

The next meeting will be held at Bridgeport on the fourth Wednesday in May, 1862.

The Dental Hospital of London.—At this institution 4,612 patients applied for relief during the past year, and 5,573 operations were performed.

Dr. R. B. Bontecou, of Troy, is at Fortress Monroe, Va., as Surgeon of the Troy regiment, stationed at that place.

Answers to Correspondents.

W. B.—Dr. Hamilton's work on Miltary Surgery is, we believe, just published. The work of Drs. Tripler and Blackman is announced for sale. Dr. Gross' Manual of Military Surgery is the only American work on the subject which we can at present recommend, as it is the only one we have seen. It was noticed in the last number of this journal. McLeod's Notes on the Surgery of the Crimean War can only be had by ordering it imported. Larrey's Surgical Memoirs of Napoleon's Campaigns is out of print. The works of Baudens and Stromeyer have not been translated.

N. M.—Explore the eye with the ophthalmoscope after having dilated the pupil. For this purpose it will be sufficient to use half a grain of the sulphate of atropia to an ounce of water.

Communications Received.

Connecticut—Dr. A. Hobron, Dr. S. Main, Dr. J. B. Lewis, Dr. W. K. Scofield, Dr. G. L. Platt, Dr. J. A. King. *Massachusetts*——Dr. C. E. Buckingham. *New Jersey*—Dr. Stephen Wickes, with encl.; Dr. C. R. Gorman, Dr. S. B. Irwin. *New York*—Dr. C. E. Halsey, Dr. G. Arink, Dr. S. W. Francis, Dr. T. C. Brinsmade, with encl. *Ohio*—Dr. N. B. Tyler, Dr. D. W. Hovey, with encl. *Pennsylvania*—Dr. R. Armstrong, Dr. F. T. Green. *Rhode Island*—Dr. B. F. Arnold. *Vermont*—Dr. L. C. Butler. *Virginia*—Dr. R. D. Bontecou. *Rome, Italy*—M.D., Abroad.

Office Payments.—Dr. Isaac Comly, Pa. By Mr. Hulme, New Jersey: Dr. C. R. Van Doren, and Dr. W. J. Lytle. By Mr. Swain: Drs. J. J. Reese, Vallette, Larrison, and Hewston.

LETTER TO A YOUNG PHYSICIAN.

By PROF. JACKSON.

ANOTHER LETTER to a Young Physician, to which are appended some other Medical Papers,

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Professor Emeritus of the Theory and Practice of Medicine in Harvard University.

CONTENTS —Letter on the Utility of Medicine. Note 1. John Lowell. 2. Extract from Letter to Dr. Forbes. 3. Rebecca Taylor. 4. Mr. Prescott.

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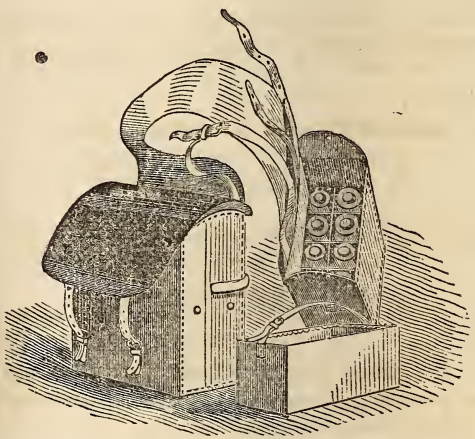

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MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 243. | PHILADELPHIA, JUNE 15, 1861. | NEW SERIES, VOL. VI. NO. 11.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

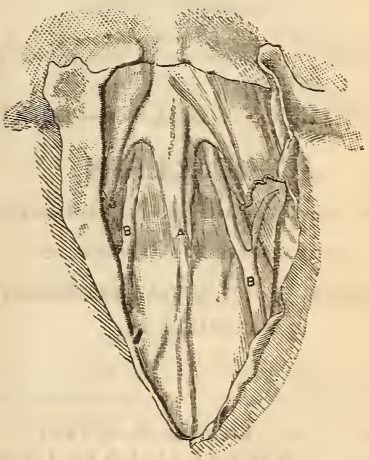
By D. Hayes Agnew, M.D.,
Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 44.

The Median Sub-Hyoid Region—(*Continued.*)—When the neck is flexed, the skin along the mesial line becomes very movable, gliding with great facility over the subjacent parts. Let the neck be extended, and it becomes much more fixed and tense; and hence the propriety of making such a disposition of parts before commencing an operation which has for its object either the opening of the larynx or trachea.

For our present purpose, we shall make an exposure of the median structures from the middle of the thyroid cartilage to the top of the sternum. When the skin is incised and turned slightly outward on each side, the cellulo-adipose layer will be exposed. The thickness of this will depend principally on age and sex. Children have it in abundance as a general rule, and females more than males. Existing in a very moderate degree over the laryngeal prominence, it steadily increases in amount to the supra-sternal fossa, where it is in the greatest abundance. When the superficial fascia is divided and turned aside, there will be seen along the inner edge of each sterno-cleido mastoid muscle a vein, the "*anterior jugulars.*" These vessels are in the deep layer of the superficial fascia; they approach each other as they descend, frequently communicating with each other by a transverse trunk across the supra-sternal fossa, and terminate either by turning over the lower end of the sterno-mastoid muscles and entering the external jugulars or under them, and emptying into the internal jugular, or they may communicate with both.

Fig. 39.

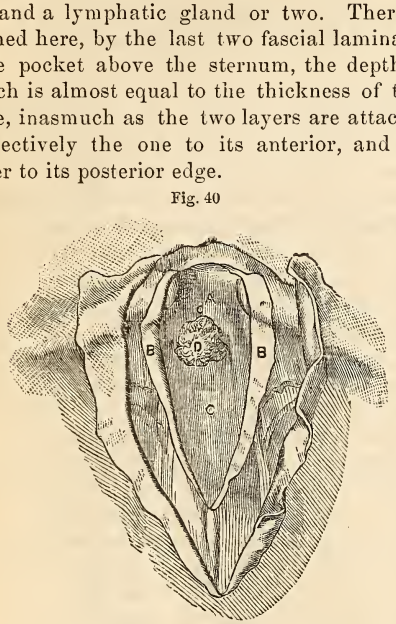


The superficial fascia is turned aside, and the anterior jugulars, *b b*, are seen descending, gradually approaching the median line, *a*. To deviate, therefore, from this middle line, is to endanger one or other of these veins, and, when they supplement the absence of the external jugulars, their size is such as to make it an object of importance, to avoid inflicting upon them any injury. Should they be wounded, a ligature will be required.

These vessels rest upon the most superficial leaf of the deep cervical fascia, which is seen, by a reference to figure 39, to descend upon the anterior face of the sternum. Should this layer be incised in the mesial line, *a*, a second leaf will be discovered beneath, separated from the former some considerable distance below, but above becoming blended with it. This layer is the one noted in our general remarks on the cervical fascia, as enveloping the omo-hyoid muscles, and I shall designate it as the "*omo-hyoid fascia,*" and this particular portion of it the "*inter omo-hyoid.*" It stretches across the

median line of the neck, and is connected below to the sterno-clavicular ligaments and the inner edge of the top of the sternum. Resting upon it are some loose cellular tissue, a little fat, and a lymphatic gland or two. There is formed here, by the last two fascial laminæ, a little pocket above the sternum, the depth of which is almost equal to the thickness of that bone, inasmuch as the two layers are attached respectively the one to its anterior, and the other to its posterior edge.

Fig. 40



Will explain the dissection; *a*, the top of the sternum, *b b*, the superficial layer of the deep fascia divided along the middle line and turned aside; *c c*, the inter-omo-hyoid fascia, and resting upon it a small lymphatic gland, *d*.

Here let us consider a few practical lessons taught by this disposition of parts. The supra-sternal fossa or hollow of the neck, as it is commonly called, would seem to be formed by the pressure of the atmosphere forcing this first fascial layer toward the second. The connection of the second, or "inter-omo-hyoid fascia," to the posterior edge of the sternum, together with the conjoined action of the two omo-hyoid muscles, which act as its tensors, serve to protect the trachea from the pressure of the external air; and so also when a tumor appears in the supra-sternal fossa, and is not accompanied by difficult breathing, it is fair to infer its location is exterior to this lamina, and is probably an enlargement of the lymphatic ganglion represented in figure 40, letter *d*. It is said, when this fascia, which so admirably protects the trachea from mechanical pressure, is destroyed by destructive ulceration, the respiration becomes greatly embarrassed. While I am free to admit the value of this layer in protecting the trachea from the pressure of a morbid growth, exterior to itself, it appears unphilosophical to attribute any importance to it in the way of preventing the calibre of the trachea being diminished by the weight of the outer air. Such an effect is effectually provided against by the cartilaginous structure of the tracheal walls, and especially the contained column of air. In tracheotomy, this fascia is divided, and what surgeon has ever seen any such effects when the trachea was uncovered? There is, however, a more important office, I conceive, fulfilled by this fascia, and that is in furnishing support to the internal jugular veins in a situation where it is required. At the lower part of the neck, the sterno-cleido mastoid muscles leave the surface of the vessels to reach their sternal and clavicular attachments, in consequence of which these vessels lose that support which the muscles afford higher up. This fascia admirably supplies their place.

Many persons complain of great itching in the supra-sternal fossa on the accession of catarrhal symptoms. It is probable that some of the lower filaments of the external branch of the superior laryngeal nerve, (the nerve supplying the mucous membrane of the upper part of the air-passage,) and which reach the neighborhood may, by their communications with the cutaneous branches of the region, explain this feeling.

In dividing next this inter-omo-hyoid fascia, the sterno-hyoid and thyroid muscles are separated from each other, both deriving from it their sheaths. These ribbon-like muscles arise the first or *sterno-hyoid* from the inner surface of the sterno-clavicular ligaments, and first bone of the sternum, and ascend to be inserted into the body of the hyoid bone. The muscles of the two sides approach each other as they ascend. The *sterno-thyroid* is placed immediately beneath the last. It is considerably broader, and also shorter than the other, and its *origin* is from the under surface of the first bone of the sternum, and is *inserted* into the oblique line on the side of the thyroid cartilage. The sterno-thyroids of the two sides have their inner edges in close proximity with each other below, but are some distance apart above, receding from the median line to their attachments. These muscles are strapped over the thyroid body, covering nearly the whole breadth of its lateral lobes.

As this description supposes an expose of parts from the hyoid bone to the sternum, in other words, all of the median infra-hyoid region, a number of very dissimilar parts will appear.

First. Immediately beneath the hyoid bone between it and the top of the thyroid cartilage, is a dense white membrane, the "*thyro-hyoid.*" If the sterno-hyoid muscles be cut off from their insertions, the *thyro-hyoids* will be seen extending from the oblique lines of the thyroid cartilages up to the cornua of the hyoid bone. Beneath these muscles, the thyro-hyoid membrane is pierced by the *superior laryngeal* nerve, a branch from the pneumogastric and the superior *laryngeal artery* from the superior thyroid. A small artery from the same source crosses this membrane immediately below the hyoid bone, "*hyoid artery.*" These vessels are all accompanied by small veins which cross over to the internal jugular. The prevalent idea among persons who attempt self-destruction by cutting their throats, seems to be that the great vessels of the neck are more easily reached above than below; hence, in a large number of cases the wound is inflicted in this thyro-hyoid space, and a very large amount of structure must be divided before the instrument can reach a depth sufficient to endanger the carotid arteries. When a wound extends sufficiently deep to divide the thyro-hyoid membrane, it will open the pharynx, the tongue will rise toward the roof of the mouth by the ascent of the hyoid bone, and the following structures will have been severed. The skin, superficial and deep fascia, sterno-hyoid muscles, and perhaps the hyoid arteries. These vessels constitute the source of the hemorrhage, and though I have had occasion to tie them, they are not of sufficient magnitude to render it probable they would discharge a fatal quantity of blood. Should a more extensive section of the thyro-hyoidean membrane be made, the laryngeal nerve may be divided and the epiglottis cartilage wounded.

The explanation of many things noticed after such accidents will, from the above observations, be readily understood; such as the want of proper control over the movements of the tongue, and imperfect articulation, the hyoid bone, to which several of the muscles of the tongue are attached, being cut loose in a great measure below; the escape of fluids taken into the mouth through the wound, in consequence of its communication with the pharynx; the strangulation which ensues in attempting to swallow, especially if the epiglottis or superior laryngeal nerve be implicated, the one standing as sentinel to the laryngeal opening, being thus rendered incapable of duty, and the other presiding over its sensibility, fails to excite properly those motor actions which serve to resist and expel matters foreign to the organ. I remember a cut-throat case, two years ago, which came under my care in the Philadelphia Hospital, of this nature. All attempts at swallowing were followed by the most distressing symptoms of suffocation, during which the fluids taken would pour out of the wound. In this instance, the epiglottis was cut almost entirely from its thyroid attachment, and the wound having been carried very much to one side, probably involved the superior laryngeal nerve on that side. This man was afterward, by observing great care, able to cultivate a combination of muscular actions so as to impart such a direction to his nourishment in leaving the fauces, and descending the pharynx, as to glide past the larynx without entering. A wound here can scarcely be expected to heal by intermediate union, as every movement of the tongue, and every attempt to swallow, will disturb the contiguous edges. The repair will be accomplished slowly by granulation. These being singularly pale, when compared with the florid hue which usually distinguishes such formations. The effect of position in approximating these wounds is very important, for let the gap be ever so great, the simple depression of the chin will close it. The introduction of sutures, even of the metallic kind, fail to procure the satisfactory results which they do elsewhere, so that it is at least questionable whether the treatment of a case is at all facilitated by their employment. When used, the chin should be retained near to the top of the sternum, as the ligatures will prevent the edges of the wound from overlapping, and this position will be found to disturb the parts least, in the frequent movements of the tongue and larynx.

2d. Leaving the thyro-hyoid space, and passing down the median line to the lower border of the thyroid cartilage, a second membrane comes into view, uniting the cricoid and thyroid cartilages together, the "*crico-thyroid membrane.*"

To puncture this membrane opens the larynx, and the operation is termed *laryngotomy.* The interval is small, and altogether inadequate for the removal of a foreign body from the air passages. In cases of imminent hazard to life from suffocation, this space may be opened as an extemporaneous resort, until one more effectual shall be substituted.

The *crico-thyroidei* muscles arise, one on either side of the middle line, from the circoid cartilage, and diverging rapidly as they ascend, are inserted in the thyroid cartilage. They are short pyramidal muscles. Across the crico-thyroid membrane rests the *crico-thyroid* artery, a branch of the superior thyroid, and situated on the middle of the membrane. This vessel is quite small, though it must not be forgotten that there are exceptional cases, in which it equals in size the superior thyroid itself; most instructive examples of this kind I occasionally witness in the anatomical rooms. A specimen of an unusually large crico-thyroid is in the possession of Dr. Gross, the younger.

From the above anatomical details, the following instructions may be deduced as regards laryngotomy: — *First.* The recognition of the crico-thyroid space, which is easily done by running the finger down the angle or prominence of the thyroid cartilage, until it falls into the sulcus, at its inferior border. *Second.* The division of the skin, superficial, and deep fascia, and the separation of the sterno-hyoid muscles from each other. *Third.*—The inspection of the blood-vessel which lies in front of the crico-thyroid membrane, observing to proceed no further until all bleeding has been arrested, and last, to puncture the membrane either transversely or vertically; if the former, above or below its middle, in order to avoid the crico-thyroid artery.

Anomalous Tumors.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Diseases of the Mouth—*Continued.*

Not unfrequently there may be seen standing, isolated and alone, on some portion of the dental arch, most frequently, however, either on the anterior portion of the inferior arch, or the posterior portion of the superior; a yellowish-looking tumor, which might not inaptly be compared to a shell-bark covered with inspissated mucus. Sometimes this tumor will be found quite firm in its position, seeming, indeed, as if it might have sprung from the socket of some long ago extracted tooth; at other times you will be able to move it quite freely, as if it had fleshy peduncles. These tumors give to the patient a most disgusting appearance, are insufferably offensive, and so detrimental to health, that five or six grains of their substance, given to a small animal, will not unfrequently cause its death. The composition of such tumor consists of phosphate and carbonate of lime, epithelial scales, inspissated mucus, and the various debris of a cavity devoted to mastication. In other words, they are salivary calculi. The nucleus of such a growth is, of course, a tooth. The manner of formation is too evident to need description. I have removed these calculi, where the nucleus had become so encysted, from crown to apex, that no trace of it was to be discovered without dividing the mass. Where, however, the encystment has advanced to this extent, the tumor is about ready to drop from the mouth of its own accord.

I have seen a calculus of this kind encyst the six lower front teeth, making as strange a looking tumor as could be well imagined.

Similar calculi develop, as may be inferred from my last paper, in other parts of the mouth. Thus, just within the orifice of the duct of Steno they may, occasionally, be found; the tumor, in such a case, bulging out from the cheek against the second molar tooth of the upper jaw. The formation of such tumors, in these situations, does not necessarily imply the closure of the orifice of the duct, but they form when the gland is sluggish, the secretion not being in sufficient abundance to hold the lime of the saliva in solution until it is ejected from the duct, it thus falls on the flow of the duct, and, lodging, makes the nucleus.

I remember, on one occasion, to have been called by a fellow practitioner to see a case where a mass of this calcareous matter, quite the size of the largest almond, seemed to be growing from all that portion of the sublingual region anterior to the gland of that name; one-half the tumor looked as if it might be below the level of the floor of the mouth, the mucous membrane enveloping the mass with ragged and ulcerated edges. It certainly presented a very strange and threatening look. My friend was deceived as to its character, because there was no apparent direct association between the tumor and the neighboring teeth; and because it was as firmly fixed as though it might have been a growth springing from the neighboring bone.

But yet it was a salivary calculus and nothing else, the only question being as to its cause and fixedness.

Looking about the mouth, I perceived that the patient had certain artificial teeth on the

left side of the arch, these teeth were all coated with tartar—salivary calculus—and so associated thereby with the natural teeth as to be only distinguishable by that difference in the translucency so immediately noticeable by any one experienced in such a direction. Knowing well that it is a plan with many dentists to secure such teeth by passing a strong gold wire across the mouth, and which wire, not unfrequently, buries itself within the mucous membrane, thereby, occasionally, concealing it, I inferred at once, that such a wire would be found the nucleus of our calculus, and directed an examination accordingly. This examination was commenced by cutting away the calculi from about the artificial teeth, and, as anticipated, the band of wire was revealed; next was sought the concealed attachment of the opposite side, and this being discovered and exposed, the two ends were forced from the teeth which they clasped, and thus the artificial teeth, wire, and calculus, were lifted from the mouth in a body.

The site of the calculus, as may be inferred, presented a cup-shaped ulcerated depression, and was quite angry looking.

The only after treatment consisted in the use of an astringent wash. The ulceration healed kindly in a very few days.

I may be allowed to suggest to the physician, that the existence of such calculi is not an unfrequent cause of dyspeptic and other alimentary troubles. I have just now, in my mind, a case of dyspeptic consumption, of which, truly, it might have been said "physicians were in vain," the patient having tried every class, from the professor down to the quack.

In her mouth she had but a single tooth, and this, for years had been so imbedded in salivary calculus, as much more to resemble the half rotted shell-bark than a tooth—her breath was made insufferable by it. I removed the offensive mass, and the recovery of the patient was really magical in its rapidity.

Such calculi are to be removed in any convenient manner, they may be pulled away, broken away, or, when loose, may be cut from the gum; the operation being entirely a mechanical one.

I forget, however, in such advice, my reference to calculi situated in the duct of Steno. These are to be removed, either by enlarging the duct and crushing the stone, or otherwise by cutting down upon it at the most convenient point. When so cut down upon, the wound will not commonly require any after attention.

There is another class of anomalous tumors sometimes to be met with in the mouth, and which, of all diseases of this cavity, are, perhaps, most simple, and yet most often misunderstood. I allude to fungoid excrescences from the tooth pulp. These tumors, frequently misnamed epulis, fungus hæmatodes, etc., grow most commonly from cavities in the molar teeth. When not overhanging the walls of the tooth, their nature is, at a glance, of course appreciated; but sometimes the growth is so extensive as not only to overhang the tooth but to completely conceal it, the morbid mass moulding itself over the gum. Here it simulates epulis; yet the practitioner will not be deceived if he remembers that epulis is a growth from the periosteum, while the mass can be lifted from the gum at any point of its circumference.

Its likeness to fungus hæmatodes, consists alone in its external features, certainly not at all in its history. Such tumors, bleeding, not unfrequently, most profusely at the slightest touch, while they possess the noli me tangere quality, the result of the constant irritation to which their situation necessarily subjects them. These tumors are wholly benign, and perfectly amenable to treatment.

The reader has, without doubt, seen a carious tooth, the cavity of which was, more or less, filled with a fleshy growth. This is the pathology of the tumor I have described.

Such a growth may, perhaps, be observed to exist in one out of five hundred decayed teeth, certainly it is not more frequent than this, particularly if we except the deciduous teeth; but the expansion of this fungus, so as to cover the tooth, is still so much more rare, that there are, I imagine, few practitioners who have ever had the opportunity to see the condition.

The dental practitioner, who is the one most apt to be consulted in the more limited form of the affection, (that is where the fungus is confined to the cavity of the tooth,) treats it most successfully by an application of the arsenical paste—the formula of which I gave in the paper on "Anomalies." A portion of this paste, say a piece the size of a pin's head, is laid directly on the tumor, and being covered in with wax, or a pledget of cotton, is allowed to remain from twenty-four to forty-eight hours. After the lapse of this time—the vitality of the growth being destroyed—the mass, including

all that portion of the pulp which is enclosed within the fangs, may be easily and painlessly removed. The diseased tooth, after a little medication, may not unfrequently be plugged and made useful for a considerable time.

Where, however, the disease has so progressed that the tumor overhangs the tooth, let the remedy be extraction. Now, although I am not unaware that such extraction is denounced as highly dangerous by authors who have written on the subject—a fear of unconquerable hæmorrhage being held up for the staying of the hand of the operator—yet I feel free to pronounce, that any surgeon who has so written has never practically known the disease.

It certainly is true, that these tumors, when in situ, not unfrequently bleed to an enormous extent on the slightest provocation, but it is not to be inferred from such bleeding that the artery of the tooth is not in a healthy state just outside the foramen, or that it does not possess an amount of contractile force equal to that of any of its neighbors. When the tumor is cut, it has no power to arrest hemorrhage, because, from its fungoid character, it is almost entirely deficient in vital force. The blood which is being passed into it through its arterial supply, may be said to drain away, just indeed as it would drain through a sieve until arrested through the mechanical influence of a clot which would be apt finally to form about the meshes of the wire.

Such authors as I make reference to, recommend the use of caustics and ligatures.

As above. I recommend in these bad cases the extraction of the tooth. You had better have nothing to do with trying to save such teeth—there is a bad cachexia about them.

If there should be any one, who, acting on my advice, finds that he has brought this trouble of hemorrhage on himself, he will find that he is entire master, by adopting the following simple manipulation.

Take a common cork, and make in it a V shaped cut. Next, procuring the cellar cobweb, saturate it with some tonic astringent,—the cinchona rubra answers admirably,—stuff this into the bleeding alveolus, and placing the V cut in the cork saddle-wise, over the gum, hold it firmly in place by binding the gums together by means of a Barton's bandage.

En passant.—This little manipulation, if properly conducted, will place all hemorrhage from the alveoli of teeth completely under the control of the surgeon. The after-treatment consists simply in leaving the clot to nature.

Very ugly, epulic looking tumors are sometimes formed, the result of an absorption of the alveolar process from about the roots of the teeth. A sufficiently illustrative example is recorded by Dr. Suesserott, of Chambersburg.

The Dr. informed me, in the course of a conversation I had with him, that on one occasion, being in the alms-house of a neighboring county, he was invited by the attending physician to look at a case of very rapidly advancing cancer in the mouth of one of the women patients.

The tumor, as described by the doctor, must have looked quite threatening enough. It occupied all the alveoli-labial space, bounded by the canine teeth of either side, and overhung the teeth which lay posterior to it. It was very much ulcerated, dark and turgid, and bled freely on the slightest provocation. The diagnosis was fungus hæmatodes.

Curiosity prompting Dr. S. to push the fungoid mass back from off the teeth, that he might thereby examine its base, he was satisfactorily surprised to find projecting into the very middle of the tumor the roots of the incisor, from over which the process had been absorbed.

Convinced that here was the primary lesion, he suggested the immediate extraction of these diseased teeth. The advice was acted on. The tumor, at once, began to diminish in size and formidableness, and in a very few weeks every trace of it had disappeared.

Mr. Smith, from whose clinical practice I have before quoted, gives the following, in part, parallel case.

"Elizabeth H., aged forty, was sent from some distance in the country to the infirmary, Dec. 12, 1856, to be treated for what she was told by a practitioner, was a cancerous tumor of the cheek. On examination, a tumor the size of a small chestnut was found with an ulceration of the mucous membrane, just fitting the sharp edge of one fang of a carious molar tooth of the lower jaw, which was making its way from the gum. Being fully assured from former experience of many cases of a similar kind that this was the sole cause of the tumor and ulceration, Mr. S. removed the tooth. The patient appeared again on the next clinic day, Dec. 17. The ulceration was healed, and the tumor gone.

Now I tell you, says Mr. Smith, if the cause

of that tumor had been overlooked, no treatment of any kind would have been of the least avail, it would have continued, it would have increased, and gone on from bad to worse for months, and possibly for years, unless the tooth had been removed by nature.

Several years ago, one of my own relatives died a most terrible death from a cancerous tumor of the cheek, located and aggravated by just such a ragged tooth.

It would seem impossible that a physician of any intelligence could overlook such a primary lesion, but in this particular case it certainly was overlooked, not only by one, but by many. Prof. Mütter, who operated on the case, was, as I have been informed, the first to point it out, but when, of course, it was too late.

More than thirty years ago (Braithwaite) Mr. Hey excised a malignant looking tumor from the tongue of a young country woman, a private patient of his; in a few days he was surprised to find that it had sprouted out as large, or larger than before the operation. Mr. Smith, who was called to examine the case, says: "on examining the tumor, which was dark, foul, and fungoid, and which bled at the slightest touch, giving great pain at every attempt to speak or masticate, I detected two broken incisors, the middle and left lateral leaning inward, and with sharp-pointed edges fitting into the centre of the tumor. I was immediately convinced that these two teeth were the cause of all the mischief, and stated that opinion to Mr. Hey, who appeared doubtful. I said that he would not be justified in applying ligatures, or using any other means, without first waiting to see the effect of the removal of the two broken carious teeth. I never saw the young woman again, but was informed by Mr. Hey that the teeth were drawn, and that soon after the tumor disappeared, without any other means being resorted to.

(*To be continued.*)

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A Mill for the Toothless.—A little machine, intended for those who cannot properly masticate their food, is advertised in the *Lancet*. It is fastened to the dinner-table, and minces the food very finely. We can imagine a table set with these labor-saving contrivances for the benefit of those who are toothless, or are too lazy to chew, and a party of grannies dining with motionless jaws, each simply turning a crank. The next inventive effort of the originator should be directed to an apparatus for mechanical *swallowing*, provided with a mould for the bolus, ramrod, etc.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 222.)

SECTION II.

On the Regulation of Barracks.—"No barracks, however roomy, can dispense with ventilation; they will inevitably become unhealthy if deprived of it, and the most important of the injurious results in the Schleswig-Holstein war were the formidable pestilences of typhus fever and granular ophthalmia.

"In the best barracks of the Schleswig-Holstein infantry, 700 cubic feet per man were provided, including the double purpose of residence and sleep, and it was not difficult to obtain 800 on the occasional appearance of granular ophthalmia. In the English regulations of 1859, 600 are established by government. It is of great importance to have the sleeping and the sitting rooms separate, so as to subject the bedding to currents of air.

"According to the regulations of the U. S. Army; (1861,) for barracks and quarters: To every six non-commissioned officers, musicians, and privates, servants, and washerwoman, 225 square feet of room, north of 38° N., and 256 square feet south of that latitude.

"A high, dry, well-drained situation, is required without hollows, that can contain water, without mud, and protected from the drainage of neighboring grounds. Abundance of good drinking water must be accessible. The size of the grounds will depend on the situation; but it is the more important as impediment to ventilation exists. A southern exposure, admitting of a majority of the windows in that side, is the best; next to this a south-eastern. Taste should never be allowed to interfere with this. It will be recollected that the ocean lies on a different side from that which it occupies in the United States. The barracks should include no hollow square, or much projecting wings, never to exceed a projection of 25 feet: 500 feet should be allowed for the sleeping-rooms, and 300 for the day rooms; with large communicating openings near the ceiling, closed with Venetian blinds, to be left open in summer, after airing the day-rooms. All the rooms should be on the southerly side, with the corridor on the north.

"The windows of the corridor must be opposite the doors of the rooms, which should be folding-doors. The utmost deviation from these rules which can be permitted is the construction of two short wings to contain small chambers. For economy, the chambers should be made somewhat deep from north to south, and proportionably narrower in the other direction. The whole building should, for the sake of health, be made with deep cellars—if a perfect drainage be accessible, the washing-rooms should be placed there; if not, in the small projecting wings at the end, which should have solid floors, without cellars, and be themselves well drained. The bath-rooms should have hot water from the kitchen. The privies should be separate from the urinary funnels; and both remote from the dwelling-house. A stream of water should run through the bottom of the urinary conveniences. The apothecaries' shop must have good light, and a surface of at least 350 square feet. Large buildings have recently been erected in Hanover, in accordance with these rules, and supplied with a parade ground of fifty acres. Dr. Stromeyer defends the building of hospitals two to three stories high from motives of economy, and his hospital, including a basement, is four stories high, and he objects to Miss Nightingale's plan, from its nearly doubling the cost of erection. In addition to this, he conceives physicians called upon to oppose it, because, as he says, it excludes the use of smaller individual rooms for separating patients. In his opinion, the rise of effluvia from one floor to those above it, is in no degree to be feared, if simply each different story is properly ventilated."*

The space allowed to English hospitals averages 950 feet. Hennen says eight hundred feet will do, but Ballingall thinks that bedridden patients should be allowed one hundred.

SECTION III.

Medical Diseases of the Army.—Troops are more liable to enteric disorders than persons in civil life. "The higher ratio of sickness, in general, among troops in the field than among civilians, is more attributable to their constant and severe duties, and greater exposure to morbific influences, than to peculiarities of climate. Also, the ratio of *cases under treatment* among troops and among citizens is higher in the former than in the latter, And this may be accounted for, in a great measure, by the fact, that among the working classes of middle life, those cases only are recorded and enter into statistical data, which interfere with or prohibit manual labor, whereas among soldiers the slightest cases of indisposition are reported. In the latter case, an admission on the sick list secures an exemption from labor, while in the former it occasions a loss of wages."*

Soldiers are liable to all the diseases that civilians are; but the diseases most incident to troops are those connected with the digestive system, then follows those of the respiratory system, and, lastly, fevers; we shall, therefore, treat them in this order, giving but a synopsis, intended more as a medical remembrance to the young surgeon in the hospital or in the field, in case of emergencies, with their immediate treatment. The medical and surgical practitioner has so much to tax his memory with, that he requires, every now and then, to look into some short work that will give him hints in the treatment of his cases.

Diarrhœa.—The great importance of this form of disease is seen by the report of the diseases of our U. S. troops at Cairo, Ill.; for of 772 cases treated, 103 were diarrhœa. This disease is caused by overloading the stomach, or by the use of indigestible food, or a high temperature. The symptoms in the first and second class of cases are the same, namely, griping, flatulence, sometimes nausea, a foul tongue, acrid or foul eructations, stools of unnatural appearance, very liquid or even watery; there is, usually, little or no fever; not much change in the pulse.

In the cases where it results from a high temperature, there is increased stimulation of the liver, and increased secretion from the same, which excites pain and griping in the small intestines. This latter is a very prevalent disease among troops during the hot months of summer and autumn.

Treatment.—At the commencement, administer a teaspoonful of castor oil with a small portion of laudanum, to remove offending matters and relieve pain.

After a day or two of total abstinence from solid food, employing simply rice or barley water, or arrow root, with some local warmth to the stomach, if the diarrhœa persists, vegetable astringents, with chalk and aromatics, are to

* Stromeyer's Maxims of Military Surgery, N. A. Medico-Chirurgical Review for May, p. 428.

* Statistical Report on the Sickness and Mortality in the Army of the United States, 1860.

be employed, with or without an opiate. In cases resulting from heat and moisture, sometimes termed *English* or sporadic cholera, the disease assumes a more severe character, the vomiting and purging, tinged with bile, being profuse, with violent pains and even cramps.

Treatment.—One grain each of opium, calomel, and camphor, every four or six hours, with the Mistura Cretæ, or Hope's mixture, a tablespoonful after every alternate evacuation.

Sporadic Cholera.—If the extremities become cold, with feeble pulse, with a tendency to collapse, administer brandy freely, with aromatic spirits of ammonia, and apply frictures to the abdomen, with mustard water or hot brandy and capsicum, with bottles of hot water, until reaction takes place.

The patient's drink should be wine and arrow root, barley or rice water. Afterward treat the fever and debility by liquor ammoniæ acetatis and tonics.

Asiatic Cholera.—This disease differs from the one above described, being much more fatal, and occurring as an epidemic. In the last form of disease treated of, the evacuations were colored with bile, in this, nothing but white or rice colored evacuations; the urine is not suppressed in the former, in this it is suppressed, which is a most distressing symptom; the tongue in the last is usually warm, in this it is cold; and although in a bad case, or in a feeble patient, the face and extremities show signs of a depressed circulation, in this the color is leaden, and the hands and feet sodden like a washerwoman's. In the majority of cases, this disease is preceded by simple diarrhœa, *which should always be promptly treated.*

In the course of the consecutive fever following reaction, an exanthematous rash sometimes makes its appearance, of a typhoid character.

Treatment.—Check the diarrhœa by opium, calomel, and astringents; enjoin strict rest; use arrow root and rice milk, and if there be exhaustion, add brandy or chloroform with oil of turpentine and frictions, and small doses of calomel, until bilious stools are obtained. Afterward, treat symptoms as they arise: chlorine water has been found useful in some cases.

Dysentery of the South in Texas and Florida.—Troops are very liable to this disease, simply arising from the gathering together of large bodies of men, and from heat and moisture.

Assistant-surgeon G. W. Johns, makes the following remarks in relation to the treatment of dysentery, a very formidable disease among troops in and out of camp.

"I may remark, in comparison, that as far as my observation has gone, somewhat different indications for the treatment of dysentery are presented in the disease as seen at this post, from what experience has taught in the management of the same disease as it was observed in the department of Texas, and the difference is with reference to the exhibition and value of mercury. In Texas, particularly the southern portion, irritability of the system appeared to be the chief characteristic, impressed upon the disease by the effect of a climate which is much drier and hotter than that of this locality; and the direct sedative effect of opium, freely used to quiet that state of the system which kept up the disease, combined with acetate of lead and other astringents, to assist (together with astringent injections) in arresting the albuminous discharges, with small doses of ipecacuanha to promote diaphoresis, was found the treatment best adapted to and most successful in dysentery; and mercury was but rarely employed, as it seemed to act as an irritant. In the much more moist climate of this post, (Fort Dallas, Florida,) of which the degree of moisture is even more appreciated by individual sensations than evidenced by the hygrometer, dysentery has been attended with greater derangement of the hepatic functions, and the indications have been for the use of mercury to relieve the portal circulation, and sometimes to employ it to the extent of producing moderate ptyalism." The number of cases of acute dysentery treated was 313 during the year, of which there were lost but 3 cases, or 1 in 104 by the above treatment.

Dr. Rush found the tenesmus much relieved by applying a piece of cotton dipped in equal parts of laudanum and sweet oil to the parts affected. The writer has found useful a suppository of coca butter, with the quarter of a grain of morphia.

Dr. Pringle's treatment of acute dysentery is as follows:

In the first stage a moderate bleeding; but in weakly habits, and where there are few feverish symptoms, this is omitted.

In the evening of the same day an emetic.

℞. Pulv. ipecac, - - - ℈i.
Ant. et potass. tart., - gr. j. M.

If there was much griping, the pulv. ipecac. was employed in five grain doses, at an hour

interval, till purging was brought about, which may be promoted by drinking water gruel. If the emetic plan is preferred, and the patient is robust, the operation is to be assisted by repeated draughts of camomile tea.

When the stools are large and bilious, and the patient fatigued with the operation, no medicine is given on the following day. But if the emetic is taken, or there is no bile in the stools, he then directs five grains of calomel with twenty-five of rhubarb.

At night, following the purge, an opiate—one grain of opium—is given with a small quantity of ipecac.

Here he gives an important caution, never to use opiates before the intestines are free. No medicine is ordered on the third day, unless the patient complains of griping, in which case the opiate is repeated at night; but, on the fourth day, if any bad symptoms remain, he again directs the ipecucuanha to be given in divided doses, or a purgative, consisting of eight grains of calomel and thirty of rhubarb; by this time most of the dysenteric causes give way, and sometimes sooner. If not, repeat the same treatment.

Chronic Dysentery.—This is a form of disease which almost all who follow the camp are apt to have. The symptoms are small muco-purulent or bloody stools, alternating with diarrhœa; in its treatment employ small doses of Mass Hydr., with strict rest—diet, rice water, barley water, arrow root, etc.; with flannel roller to the abdomen. Tonics of sulphate of copper, oxide of silver, and sulphate of zinc, in small doses, are useful if there is ulceration, with opium or morphia.

Catarrh, or Acute Bronchitis.—A catarrh, or common cold, is one of the diseases most common to soldiers, owing to their exposure. The mucous membranes in a state of health are moist, but when they become inflamed, they are at first dry, swollen, and then an increase of the natural secretion, which, after a time becomes unnatural. In catarrh, or common cold, we have the course of events stated above to happen. Sometimes one part of the air passages is affected, beginning at the nose; it may then creep down to the lungs, or passes into the Eustachian tubes, producing deafness, or down the gullet to the stomach. On examination of the chest in catarrh, we have, instead of the gentle respiratory murmur, a hissing, wheezing, or whistling. There is also pain in the head and over the nose. If there has been a decided chill, look out for a severe cough or bronchitis, sometimes pain in the chest from inflammation of the lining membrane, (more fully treated under pleurisy) or of the structure of the lungs, which is termed pneumonia.

Catarrh is a common disorder, and troops are apt to suffer very much from it. It is trivial, and with care runs its course in a few days if abstinence be observed from animal food and stimulating liquors, and if the patient remains in an equable temperature, and avoids re-exposure to the cause of his malady. But owing to exposure of the soldiers on duty—defective shoes and blankets—these colds often require the attention of the medical man. The treatment which we have found most efficacious is as follows: a free action on the bowels by a saline purgative, followed in the evening by a teaspoonful of the tinct. opii camphorata; this to be repeated every night after, with or without ten to twenty drops of vin. antimonii or spirits nit. dulc., mixed with sugar and water.

Sore Throat, or Inflammation of the Throat.—The inflammatory *angina* is most frequent and dangerous upon the first encampment. If the symptoms are very severe, and respiration is greatly impeded, and there is danger of suffocation, it requires large and free bleeding, purging, and blistering.

In milder cases employ leeches to the fauces, or counter-irritation by the volatile liniment, consisting of two parts of sweet oil to one of strong spirits of hartshorne applied to the throat, and renewed in four or five hours. By this means, and the use of slippery elm tea or flaxseed, resolution takes place and the swelling subsides. If, on examination, the abscess is found formed, and the lancet cannot reach it, its rupture will be hastened by the use of an emetic, and the patient should be carefully watched so that the pus does not choke him when it breaks.

(*To be continued.*)

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Aerated Bread.—We notice by an advertisement in the *Dublin Medical Press*, that aerated bread is manufactured extensively by a company in that city. Air is incorporated in the dough by mechanical means. No yeast or leaven of any kind is used, and the bread is said to be more agreeable to the taste than ordinary fermented bread, and more digestible. The loss of some nutritious elements of bread by fermentation is also avoided.

Traumatic Injury of the Liver, with Profuse Bleeding—Recovery.

By A. G. Walter, M.D.,
Of Pittsburgh, Pa.

John Kohissen, roofer, forty-seven years of age, of Pittsburgh, of bilious constitution, large frame, and strong muscular development, was brought to my hospital on the evening of January 17, 1858, having been stabbed by his wife into the scrobiculus cordis with a broad-bladed knife, entering about four inches obliquely upwards. Withdrawing it himself, he walked (though profusely bleeding) some distance, when he sank exhausted upon the pavement. A surgeon summoned, found a vertical wound of an inch in length, close to the right of the processus ensiformis, from which venous blood, in a rapid, continuous, and large stream, was issuing. On introducing his finger into the cut, a deep rent was discovered in the concave surface of the small lobe of the liver. To arrest this profuse flow of blood, compression was made through the abdominal walls upon the aorta, which succeeded. When the patient arrived at the hospital, he was cold, very pale, with respiration not accelerated, slow and hardly-perceptible pulse, and very restless, outward bleeding having ceased. He suffered great pain in the wound, increased by swallowing, moving, and deep inspirations, with paroxysms of cramp in the abdomen, starting from the scrobiculus to the angles of the scapulæ, returning every quarter of an hour, during which the skin around the wound would swell out to the size of a pigeon's egg, as in hernia ventralis. The wound was left open, and the body inclined toward the right side, to facilitate the outward flow of blood. Ice, in bladders, was applied to the abdomen, opiates in grain doses were given hourly, and the greatest quiet enjoined, with abstinence from drink as much as possible. He slept some during the night, though frequently roused by the paroxysms of pain. Next day the pulse was very slow and small, skin cool, thirst great, with vomituritions, vomitus, and frequent paroxysms of pain, which were relieved by relays of leeches around the wound and the continuance of opium every half hour. Motion of body and deep inspirations could now be performed without pain, the pulse began to rise, the thirst to decrease, and abdominal tenderness to subside. On the evening of the third day, however, violent colicky pains in the hypochondria, extending to the groins and shoulder-blades, with eructation of wind, tumescence of the scrobiculus set in, recurring in paroxysms, which were subdued by cal. gr. x, followed by ol. ricini. cum spir. tereb. as a laxative, bringing away large quantities of dark and greenish stools. The tumescence, however, and tenderness of the liver increased, the intercostal spaces became effaced, flatulence, dry skin, great thirst, icterus, dry tongue, bitter taste now appeared, while the pulse and respiration remained unaccelerated. Free and repeated leeching the region of the liver, with the internal use of cal. and hyosc., carried to slight ptyalism and an occasional laxative, reduced the inflammation of the liver. The wound, though not interfered with, closed by first intention, bleeding having ceased. Some days later, parotitis of the right side set in, yielding to leeching and warm stupes, and was followed by inflammation of the inguinal glands of the left groin, without any appreciable cause. In three weeks the patient left his bed, and two weeks later the hospital, restored to health. The ventral hernia in the scrobiculus cordis was repressed by a truss.

The successful termination of the above injury, endangering the life of the patient by rapid bleeding, peritonitis and hepatitis, is mainly due to the great power of opium in preventing and arresting peritoneal inflammation. Under its benign and certain influence, traumatic injuries of the abdominal cavity and the viscera, which otherwise would prove fatal, are borne with remarkable impunity. There is no remedy so safe and true a handmaid to the surgeon as opium; there is none whose aid could be less dispensed with.

In the treatment of the case, it was considered proper *not to close* the abdominal wound, but to encourage the outward flow of blood by position of the body, after arresting it by pressure upon the abdominal aorta. By closing it, accumulation of blood in the abdominal cavity would have taken place to a great extent, to be followed by consequences which must have been serious. Opium did not prevent hepatic inflammation, the result of the direct injury to the liver; but it timely checked peritonitis, which is far more formidable in its issue than the former.

The appearance of parotitis of the right and bubo of the left side did not seem to bear any relation to the injury of the peritoneum and liver, but may be considered the effect of ptyalism, induced for the relief of the hepatic inflammation.

Medical Societies.

BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting, May 28, 1861.

Dr. Daniel Ayres, President.

DR. LOUIS BAUER'S

Case of Artificial Anus at the Left Flexura Coli—Repeated Operations—Final Closure of the Aperture.

The patient, who was brought before the society, is a healthy, robust looking German, aged thirty-two years, a carpenter by trade. Seven years ago, whilst at work, a piece of timber fell upon his chest, fracturing on the left side the eighth and ninth ribs in two places each. The man was prostrated for three months, inflammation of the left lung, cough, hæmoptysis, and pain in the injured side ensuing. A week after the accident, an abscess formed in front of the thorax, broke, and after having discharged for a short time matter and feces, closed spontaneously. Another one formed on the side and back of the thorax about ten days after the injury, and discharged pus, feces, and some fragments of the ribs. Through this opening he has continued to discharge the contents of the large intestines, till his admission into the Brooklyn Medical and Surgical Institute, which occurred on the 18th of July last.

During the seven intervening years, the patient was continually seeking relief from his loathsome difficulty, which disqualified him for his trade and proscribed him from society. None of the surgeons, to whom he applied, attempted a radical operation. Some prescribed injections and ointments; others plugged the opening, with the view of diverting the feces from the fistulous track to the natural channel. This latter treatment was persevered in for twelve months at Ward's Island Hospital. All the means employed gave him no relief.

On his admission into the Institute, the condition of the patient was entered upon the clinical record as follows: "Five inches below left nipple and two inches from the free margin of left costal cartilages, there is a cicatrix, one and a half inches in diameter, movable and soft. At this place a piece of the eighth rib, three inches long, is absent. The two free ends are united to the neighboring ribs by fibrous bands. Through this opening, in the bony walls, the intestines protrude to a considerable extent. In the same line with this plane, but laterally and posteriorly situated, there is an aperture as large as a copper cent, through which feces freely pass. The margin is highly colored and everted mucous membrane. The finger can be freely passed into the descending and transverse colon. The surrounding integuments exhibit sclerotic tissue, indicating that the opening had at one time been larger. Here the bony walls are wanting as in front, and the intestines also protrude. The patient states that by the anus he defecates but once a week; that the size and quantity of the feces are generally diminished, and that nine-tenths of them pass by the artificial anus."

In a consultation between the surgeons of the institution, the desired radical operation was determined upon. Its success was questioned on account of the feces passing through the aperture chiefly, and the diminution in the size of the descending colon. The danger of colitis was also taken into consideration, but administration of large quantities of opium was thought an efficient preventative. In case of need the wound might be re-opened.

After the bowels had been carefully prepared by aperients and enemata, the operation was performed by Dr. Bauer in the following way: An incision was made through the integuments around the opening, and one half inch from its margin, the skin carefully dissected toward the fistula and turned inward, so as to form a plug for it. A flap was then taken from the neighboring integuments, sufficiently large to cover and exceed the opening, and fastened in place by silver wire sutures. By means of adhesive strips and bandages around the body the dressing was completed. A recumbent position was directed. During the two following days the patient was quite comfortable, but at the end of that time he complained of painful internal pressure upon the wound. Gas commenced escaping; small quantities of feces making their appearance between the margins of the wound. The sutures commenced ulcerating, and then it was thought advisable to leave the rest to the operations of nature. After the lapse of four weeks the wound had healed to a certain extent, leaving the opening only one half of its previous size, and this was divided into two parts by a vertical bridge. From that time the quantity of feces escaping was greatly diminished.

Three months after a second operation was performed in a similar manner, but in the after treatment the opium was dispensed with. Dr. Bauer apprehended no danger of inflammation, and thought that the constipation of the bowels might have been conducive to the partial failure of the first operation, the intestinal gas having expanded the part, and forced its way through the wound. Injections were, therefore, given regularly.

Although the second operation did not close the fistula entirely, yet it reduced its size to that of a small pea, and the patient was therefore materially relieved.

A month ago the man entered the institution for the third time, when the actual cautery was applied, which led to a complete and firm closure of the opening.

In commenting on the case Dr. Bauer stated, as his opinion, that the partial success of the first two operations was all that could have been expected for the time being, and that the free use of opium had most likely prejudiced the result in no way. We ascribe the partial failure to the habit of the feces passing through the fistula, which allowed only a gradual diversion into the proper channel. Cases like the present are very rare, and still rarely successfully treated. On account of the defective state of the thorax, the patient has been advised to wear an elastic belt, with leather pads, to cover the defective walls, and to prevent the protrusion of intestines.

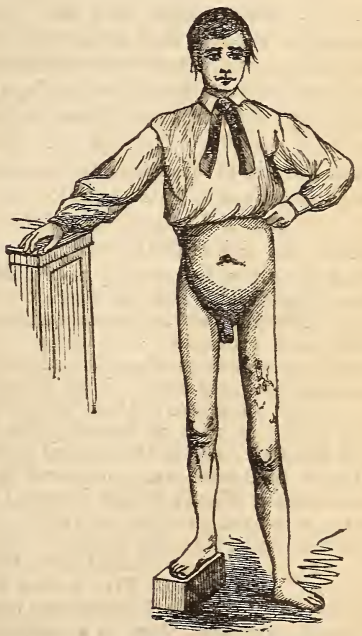
The Chair having been informed of the presence of Prof. Lewis A. Sayre and Dr. Cleveland, of New York, tendered the invitation of the Society to the gentlemen to participate in its deliberations.

In accepting the courtesy, Prof. Sayre said, that he was glad of the opportunity of presenting two interesting cases, which fairly belonged to Brooklyn.

DR. LEWIS A. SAYRE'S

Case of Necrosis of Left Femur—Elongation of the same by three and a half inches in excess of its fellow—The extremity four inches longer than the right—Removal of the Sequestrum—Secondary Hemorrhage and Death of the Patient.

The patient in this case was John Morro, the author of "Voice of a Newsboy," a lad of seventeen years. The Doctor had but a short time known him; his sufferings, privations, and endurance had, however, enlisted his (the Doctor's) warmest interest, and he lamented his decease deeper than almost any other patient he had had the misfortune to lose in the course of his practice. From a tender age, the patient had suffered from the effects of periostitis of the left femur, which had, in part, become necrosed and encased by new bone. The constant discharge from several fistulous openings in the thigh, together with early privations and exposure, had greatly undermined his constitution and prejudiced his development, so that he exhibited the appearance of a much younger boy, and both anæmied and enfeebled at that. The patient presented no indication of puberty, and his voice was still child-like. The most remarkable feature in his case was the exuberance of the new bone in the longitudinal direction, exceeding its fellow three and a half inches, whereas its circumference scarcely denoted the presence of a sequestrum, so little was it enlarged. The limb was kept in a straight position, and admitted of no flexion, chiefly in consequence of the tension of the integuments and muscles. Besides, the femur, ilium and tibia were slightly increased, so that the affected extremity exceeded the length of the other by about four inches. Johnny had applied to Dr. Sayre for relief, and desired the removal of the dead bone. The patient being an inhabitant of this city, and presenting his means as limited, the Doctor had procured admittance for him into the Brooklyn Medical and Surgical Institute, to give him the benefit of better nursing and domestic attendance. There the operation, fourteen days ago, Dr. Sayre had performed, assisted by Drs. Daniel Ayres, Louis Bauer, Whaley, and the surgical staff of the institution. The question had been seriously considered whether a partial exsection of the shaft of the femur might not profitably be combined with the operation, in order to render both extremities of equal length. Such a plan had been very inviting, because the affected femur was without medullary cavity, and could have, therefore, been invaded with more impunity in as far as the danger of phlebitis from endostitis was concerned.



Dr. Sayre had, however, prudently abstained from exsection:

1. On account of the enfeebled general health of the patient;

2. On account of the patient being the supporter of an aged mother, and his family in general, his life should not be unnecessarily hazarded for form's sake;

3. On account of the easy substitution of mechanical means in want of length of the right leg.

The operation had been very simple. An

incision down upon the bone, three and a half inches in length, had led immediately to the sequestrum. The openings in the femur had required to be but little enlarged to give ample access. The sequestrum being, however, six inches long, had to be removed in fragments. Some hemorrhage had occurred during the operation, the soft parts being very vascular; but the prompt application of per sulphate of iron had readily controlled it. Otherwise the operation had passed off with dispatch. During the following six days the patient was doing well, the wound was suppurating, and the albuminate of the iron separating. Though weak, the case promised speedy recovery. About this time, the patient desirous of relieving the duties of his attendants, and accustomed to dress his sores for so many years, commenced to dress his wound himself, and seemed to be unwilling to be touched by any body.

In the attempt to remove the clot produced by the styptic, he started, by a pair of scissors, a new hemorrhage, and, before he called for aid, he had lost a considerable quantity of blood. Although prompt assistance was then rendered, and the bleeding effectually arrested, yet the loss of blood sustained was too much for his feeble constitution. His stomach becoming moreover irritable, rejecting all nourishment and stimulus, and thus the patient sunk and died, after lingering a few days.

The post-mortem examination did not disclose any additional disease, beyond the collapse of vital powers.

DR. SAYRE'S

Case of Multiple Tumors of Left Leg—Softening of a large mass, implicating the Knee-Joint—Amputation—Difficulty in the Diagnosis of the Morbid Growth.

The patient is a tall, strongly-built gentleman, aged forty-eight years. Previously to an accident some four years ago, he had been well, although a rather high liver, and obliged to a sedentary mode of business. In his family two cases of scirrhus have occurred. The alleged accident consisted in a fall with his knee on a curbstone. In the beginning there was but little trouble experienced, but, after three months, some *movements* of the left knee-joint became painful. A professional relative of the patient examined him, and pronounced his case bursitis; he, himself, describes it as a hazelnut-sized, movable, hard, but painless tumor, situated immediately above the left knee-joint. The doctor attempted to smash it by striking it with a heavy volume; he did not, however, succeed in doing so. The operation gave rise to a good deal of pain and extensive ecchymosis, about, but probably also within the joint. From this time the suffering became more severe. Drs. Alex. B. Mott, Willard Parker, and Carnochan were successively consulted. The two former seemed to coincide in the presence of an interarticular body; the last surgeon pronounced it periostitis of the lower third of the femur. Iodine, blisters, etc., were successively employed to relieve the trouble, but in vain. During the last year electricity had been used with the same result.

In the course of time the tumor in the joint increased in size; some others developed in the popliteal space, about the tendons of the internal hamstrings, and below the vastus externus. The biceps muscle became contracted, and flexed the leg permanently. With the appearance of this symptom, nocturnal pains set in, which were intense and periodical, interfering seriously with the rest of the patient, and disqualifying him temporarily for business. At this juncture the patient placed himself under charge of Prof. Sayre.

On examining the patient, Dr. Sayre found his condition as follows:—The extremity moderately bent at the knee, from a contraction of the external hamstring; the motions of the knee-joint very limited, the latter occupied by a tumerous mass, firm, elastic, and smooth in the centre, gradually softening toward the periphery, and presenting an indistinct feel of fluctuation. The patella crowded outside; the anterior contour of the joint lost; the integuments not changed in color; very little soreness but increased temperature. The circumference of the knee-joint measured seventeen and a half inches, whereas that of its fellow only inches.

Below the tendons of the semi-membranosus and tendinosus, there was one hard, slightly-movable, elastic, but painless tumor, of oval shape, and of the size of a hen's egg; smaller ones occupied the popliteal space, and another in size and shape of the former, located below the vastus-externus, about the middle of the femur. The patient complained much of nocturnal pains and soreness on locomotion. With a view of giving some temporary relief, Dr. Sayre advised rest, the supine posture, ice application, and pressure.

The patient, though slightly improved by these means, insisted, however, on a more permanent plan of alleviation, and enunciated his readiness to submit eventually to amputation. At this juncture, Dr. Sayre availed himself of the experienced counsel of his friend Dr. Louis Bauer, who ever since had conjoint charge of the case with him. In their deliberation, they had decided that the tumors in and about the joint were either fibrous or fibro-cartilaginous; that they were evidently of benign character, there being no glandular swelling nor cancerous cachexia present. The question of amputation was, for the time being, set aside, and the division of the biceps muscle determined on, in order to remove the reflex symptoms as the most urgent and painful one of the case.

About eight weeks ago that operation had been performed, the extremity had been forcibly

straightened, the joint surrounded by firmly applied plaster strips, and the leg placed in a well-padded iron splint. At the same time the hard tumor below the vastus-externus had been removed.

The immediate results of this proceeding had been a complete abatement of the nocturnal pains, and a diminution of the soreness in and about the joint.

In order to ascertain the density of the apparently softer material within the joint, the explorative trocar had been made use of, but no liquid discharge had been elicited.

During the two following days the patient appeared quite comfortable, and the wound in the thigh healed by the first intention. But soon it was noticed that the thigh became hot, swelled, discolored, and fluctuating. The wound was then re-opened, and an ichorous, discolored and copious discharge commenced. The burrowing of matter rendered, from time to time, free incisions necessary. The discharge never became free thereby, but tended to infiltrate the parts toward the hips. An incision through the vagina femoris, at the upper portion of the thigh, was a few hours afterward followed by copious hemorrhage, and, before it was noticed, and Dr. Bauer could be called, the patient had lost a good deal of blood, and was extremely prostrate.

The collapse lasted ten hours, during which time the patient looked pallid, was pulseless, without animal heat, and bathed in perspiration. He gradually and partially recuperated his vital powers, but remained greatly debilitated. At the end of six weeks, the knee-joint, heretofore quiet and easy, evinced some soreness, swelling, and discoloration. The fluctuation became more marked. Reaction upon the constitution ensued. With a view to relieve the local source of the trouble, it was deemed expedient to enter the distended joint with a trocar, and eventually to open it freely, if the consistency of its contents should not permit the withdrawal. Through the tube, but a few drops of decomposed blood escaped. The alternative was thereupon resorted to, and a few incisions made through the external lateral ligament. Some large, tolerably firm, white-yellowish, and homogeneous-looking substance was removed by the finger. With a similar material, the entire joint seemed to be filled. Besides this, decomposed blood escaped. A beginning bleeding abruptly terminated the exploration of the articulation for the time being, and demanded the closure of the opening. Enough had, however, been ascertained of the morbid condition of the joint to justify amputation of the thigh, and, for this operation, the prospects of success were exceedingly doubtful.

On Friday last, that operation was proceeded with. Dr. Sayre's solicitude was centred in the protection against excessive loss of blood. Dr. Dan. Ayres kindly consented in taking charge of the tournequet, and so admirably controlled the circulation that the patient lost scarcely a drop of arterial blood. Almost five days had elapsed since the amputation, and ever since, the patient had been doing well beyond description.

Dr. Sayre presented, then, to the society the morbid specimen. It consisted in the lower half of the femur, the knee-joint, and the upper third of tibia and fibula, being properly prepared for the occasion. The various tumors were shown first, presenting dense structure of a yellow white color, evidently made up of shiny fibrous and softer inter-fibrous material; they grated on the cut, and were firm and elastic; some were round, others oval, but all invested with a delicate, transparent capsule. The speaker left it undecided whether the investment consisted of a bursa, which was possible, on account of their respective seats below muscles and tendons, or whether they were of new formation.

Next, the joint was freely opened, when it was found to be entirely filled with a soft, white-yellowish, homogeneous substance, resembling closely brain in a state of simple softening. Dr. Sayre refrained from entering upon the finer structure of that substance, as he had requested his friend, Dr. Bauer, to make a microscopic examination, and was ready to report on the results of the same.

As the specimen was presented in the straight position, which had been that of the patient, that morbid substance did not enter between the corresponding articular surfaces.

The joint extended much higher in front of the femur than was usually the case. Whether this was simply the result of gradual extension of the synovial sack, or whether the bones under the vastus muscle had been ruptured by former violence, he felt unable to decide. Either was possible, in his opinion. The synovial membrane was mostly preserved, but varies by infiltration and slime tissue. But at the patella and the femur the cartilage had been destroyed in a small circumference; in general, it had remained in tact. Although the environs of the joint had greatly changed by inflammatory and purulent infiltration, yet their original structure could still be discovered.

In conclusion, Dr. Sayre stated that the morbid growth in the joint had forcibly reminded him of encephalous, with which, indeed, it had the greatest resemblance, yet, from the previous history of the case, he could not divest himself of the impression that it had originally been an articular enchondroma, and is part of the same structure as the remaining tumors, changed only by disintegration.

Dr. Louis Bauer proceeded then to give a minute description of the specimen. He had taken but superficial cognizance of the tumor previously removed from below the external vastus muscle. It appeared to be smooth, firm,

elastic, and surrounded by a delicate capsule. In its general aspect, it seemed to be an enchondroma or fibrous growth. He had, however, devoted some time in examining the minute structure of the specimen now before the Society; he had consulted his friends on the subject, and supplied them, likewise, with objects, and in fine he had inquired into the views of acknowledged pathologists. Nevertheless, he thought that the subject and the conclusions he had arrived at would bear discussion. Though the microscope had been very serviceable in the investigation, yet without the clinical history of the case he would have come to very different results.

If the soft, white-yellow, homogeneous material of the knee-joint had been placed before him, disconnected from its seat, the time of its development, its previous hard consistency, subsequent softening, and its evident traumatic course, etc., he, from both its gross and microscopic appearance, should not have hesitated in pronouncing it soft or encephaloid cancer. With this view, some of his professional friends coincided. For the soft specimen presented, under the microscope, besides abundant fat and other granules, such a proliferation of cells, such a difference in their size, shape, and contents, that its cancerous nature seemed to be unquestionable. Some of the cells were very large, like pavement epithelium, others smaller, down to the size of pus corpuscles, of which, indeed, there were some discernable. In the same way they differed in shape. They were round, oval, caudate, spindle-formed, stellate, and dumb-bell-shaped. Most of them were nucleoled and nucleolated, some purely so, others exhibited pale and refracting (fat) granules, with and without nucles. The latter presented likewise multiformity, round, oval, stellate, and highly irregular. Of a stroma, Dr. Bauer had seen nothing; the intercellular substance seemed to consist of granular, fatty, and formless material. This similated obviously the structural composition of the softer species of encephaloid.

The history of the case, however, did not admit of such a diagnosis.

1. This whole mass had once been as firm, movable, and elastic, as the numerous tumors in the immediate vicinity of the affected joint; in fact it had been the very first heterologous growth that made its appearance. The others having developed subsequently, presented a very different microscopic aspect. Their cell formation was very scanty, and the inter-cellular material was densely fibrous, grating on dividing, and of the consistence of fibro-cartilage. It was to be reasonably inferred, that these abnormal growths were collectively of the same pathological character, and closely connected with each other. That the cell proliferation of the one was due to the process of softening it had undergone in advance of the rest.

2. Gross states that the softening process of enchondroma converts its parenchyma into material so similar to cancer that its differential diagnosis is very difficult. Paget admits the same, and characterizes the cells as very like those of encephaloid, but he excludes the brain-like appearance. Whereas, Foerster states that softened enchondroma may assume white and yellow color, and thus identify it with encephaloid in its general aspect. From these authors, the possibility could not be denied, that the original tumor had been enchondroma, had undergone the changes of fatty degeneration and proliferation of cells, and softened down thereby.

3. The transformation of a benign tumor into a cancerous one, was denied by Virchow, and but feebly maintained by other pathologists.

4. Enchondroma was often the consequence of a traumatic injury; not so the encephaloid, which was more of spontaneous origin. In the present case, the patient had met with a severe accident upon his left knee-joint, and his extremity had besides been roughly handled. It was not uncommon that enchondromata in great number followed the formation of a primarily traumatic growth of this kind, as in the present case.

5. The tumors had been constantly disturbed by stimulating treatment, and yet none of them had been softened except that within the knee-joint, and it should be borne in mind, that not only the *brisement forcé*, performed some eight weeks ago, and that the supuration of the cellular tissue in the thigh, so near the joint had been sufficient to break down the hardest structure.

6. That the patient did not present any symptoms of cancerous cachexia, nor any swelling of the neighboring lymphatic glands, which he certainly should have expected at such juncture.

7. In fine that the surrounding soft parts of the joint had preserved their character as far as had been compatible with the constant irritation and excessive action within and about the joint.

From these considerations Dr. Bauer concluded that the morbid growth within the joint was not of cancerous character, but that it presented softening of an enchondroma, whereas the rest of tumors were enchondromata as yet preserved in their integrity.

Dr. Daniel Ayres stated, that his deep interest in this case had led him to devote considerable time and attention in canvassing the various opinions which had been advanced; and at times he experienced no little difficulty in reconciling to his own satisfaction the conflicting views expressed, and the no less varying authorities marshaled in their support. As the final result of his own observations, varied in some degree from those maintained by previous speakers, he would attempt to embody them as succinctly as possible.

The first point upon which he desired to fix

attention, was the condition of the synovial membrane apart from the tumors themselves. The serous lining of the joint exhibits that pathological state so well described by Brodie and Barwell as the usual evidence of chronic inflammation. It presents a spongy, gelatinous mass, mammillated upon its free surface, and imparting the idea of a loose connective tissue infiltrated with albuminous materials. This condition of tissues was joined to rapid dry eneration, but he was satisfied that it was not exclusively confined to *chronic* cases. A recent amputation by one of his colleagues, disclosed this identical result, following an attack of traumatic synovitis of very few weeks standing, and combined with extensive erosion of cartilage; and the speaker had witnessed similar results in the elbow-joint. It was important to separate this element of the case from the more chronic, and to his mind, more important features, with regard to which two prominent views had been entertained. 1st. That it might be encephaloid; and 2d. That the original formation was enchondroma, of which, this white opaque, softened and brain-like material, was but the dry eneration.

Upon a superficial examination, the striking features of this specimen were well calculated to ally it with the class of cancers; but a closer analysis, aided by the microscope, has enabled us all satisfactorily to eliminate this hypothesis; and there has consequently been a disposition to settle down upon the second view, which assumed the original disease to have been enchondroma.

The sluggish development of the case, and slight constitutional involvement, the heterogeneous character of the microscopic elements, and the presence of large cells strongly resembling those of cartilage in the process of fatty degeneration, and withering; all these points seemed rather to controvert the first view, than to prove the second. And although some of his friends had favored the opinion, that even the color, consistence, and aspect or the softened masses here exhibited, were not incompatible with the history of enchondroma, he was not prepared to ignore observations to the contrary, from authority entitled to respect.

The clinical history at the outset discloses to us a circumscribed movable tumor, following an injury. This was firm and slightly elastic to the touch, and although presumed to be an inter-articular body, we have no evidence that it had an inter-articular location. Next in order, we have the development of a number of tumors identical to all appearances in their plan of formation, but varying in ultimate size, and some of them marked by the rapidity of their transformations; results which in part at least, are justly attributable to the violent measures which had been early employed, no less than the irritating and stimulating treatment so long pursued. These tumors are all found occupying the inter-muscular septa, imbedded in connective tissue, and surrounded with capsular investments of like nature. Finally, we have all the cellular planes of the thigh involved in a rapidly proliferating condition, and its products quickly falling into purulent degeneration.

In examining different portions of these tumors, Dr. Ayres has found all the microscopical elements which are held to be associated with the class of fibro-cellular tumors, so ably and minutely described by Paget; and with which he asserts that nodules of cartilage are not unfrequently associated. Moreover, that in the process of dry eneration, these tumors supply a material strongly resembling encephaloid in appearance; whereas, the true enchondroma, with its semi-translucent, hyalinic structure, furnishes retrograde products resembling thin glue or melted jelly.

For these reasons, he thought, we were justified in classifying this specimen with the fibro-cellular, rather than enchondromatous tumors.

EDITORIAL DEPARTMENT.

PERISCOPE.

MECHANICAL APPLIANCES.

A correspondent, "W. E. C." (W. E. Coale?) communicates to the *Boston Medical and Surgical Journal* the following excellent illustration of the benefit to be derived from the use of artificial limbs in cases where the original limb is lost or useless:

"I was consulted some time since in a case of perfect uselessness of the right leg from a former affection of the knee-joint. The patient had walked on crutches for twenty years. Of late she had begun to feel a numbness in the hands and a weakness in the arm, evidently from the effect of the crutch pressing upon the axillary plexus of nerves. This was a serious matter to her, as her needle was her means of livelihood. My opinion was sought as to whether the knee was in such condition as would enable it to support the weight of the body, if an artificial limb could be adapted to it. There had been much disorganization and displacement of parts by the old disease; the patella was pushed aside, the ligaments greatly absorbed, and the tibia partially dislocated. Nevertheless, the present condition of the parts seemed perfectly healthy, and there was no tenderness. I therefore encouraged the hope that a good support would be furnished by the end of the femur when the leg was flexed. A few days since I saw the patient, and found her walking without crutches, and with great ease. Acting upon the assurance I had given her, she applied to Messrs. Palmer & Co., who had fit-

ted an artificial limb for her on their plan, but with certain modifications to suit the case. When walking, the real but useless limb is flexed or projects behind at a right angle—which, however, the happy use of crinoline entirely conceals, and the artificial one takes its place as a support, flexing at a joint just below the real knee. When sitting, the natural limb drops down just behind the artificial one, which is somewhat hollowed to receive it.

"I consider this case well worth mention, from the trouble the patient was experiencing in the increasing pain and weakness of the arms, and the numbness of her fingers—which, had it developed, would have incapacitated her from her daily occupation. This trouble has now ceased entirely. The use of crutches with her, and I find with many others, produces severe fatigue of the chest, and in this particular this person has experienced great benefit. She mentioned incidentally, that at one house where she staid, she ascended seventy steps to her room without fatigue or inconvenience. In a male case, the same adaptation could be made, but in such an instance amputation might be desirable to remove the inconvenience and ungainliness of the useless and supernumerary limb."

SOFTENING OF THE HEART AS A CAUSE OF SUDDEN DEATH.

At a late meeting of the Boston Society for Medical Improvement, Dr, Ellis reported the following case of softening of the heart. It is published in the *Boston Medical and Surgical Journal:*

"The patient was a large, robust-looking man, fifty-seven years of age. He had been much depressed by misfortunes in business, but, notwithstanding, enjoyed very good health until about six weeks before his death, when he was suddenly attacked with severe pain and a sense of stricture across the front of the chest. This lasted but a short time, when he felt as well as ever. He continued to have similar attacks occasionally, but of such short duration that it was thought useless to send for a physician. In the morning of the last day of his life, being again attacked, he sent for Dr. Cotting, of Roxbury, but on his arrival came forward and said that he would find nothing the matter with him, as the paroxysm had passed away. On examination, nothing unusual was found in the chest, the heart pulsating regularly, and with its normal frequency. In the evening, he sat up and played chess until nearly midnight, fearing another attack. He was troubled by pain through the sternum, and oppression about the chest, from midnight until four or five o'clock in the morning, when he died. His wife left him standing, while she went to procure something in another part of the room, when he was observed to slide into a chair and thence to the floor. A neighboring physician was sent for, who pronounced him dead. He had never been confined to the house.

"The organs were all healthy, except the heart, which was flaccid, of a dull red color, and so soft that it broke down under the traction used in its removal. It could be perforated with the greatest ease on pressing it between the thumb and finger. The layer of fat had encroached upon the wall of the right ventricle, the muscular substance of which was very thin.

"On microscopic examination, the transverse striæ of the muscular substance were found to be very indistinct, and the fibrillæ had a somewhat granular appearance, but contained very few if any of the globules which are usually found in well-marked cases of fatty degeneration."

THE SPECIFICITY OF CONTAGION.

We find that, one by one, writers and observers appear to abandon the doctrine of the "specificity" of contagious diseases, and to declare their belief that they may arise from time to time *de novo* out of the dirt and neglect which surround us. We give, in another column, an extract from Percival's Lectures, which show what his belief was as to the origin of glanders in the horse, more than thirty years ago. Sanitary reformers have long shown the origin of diarrhœa in fæcal effluvia; Dr. Murchison has traced typhoid to the same cause; and, in a lecture delivered before the Royal Institution in 1859, and another before the Royal Institute of British Architects in 1860, Dr. Druitt summed up the evidence in favor of the spontaneous origin of scarlatina, diphtherite, erysipelas, hospital gangrene, dysentery, and ophthalmia, and of their propagation by contagion, under favorable circumstances. Mr. Simon has conceded the spontaneous origin of gonorrhœa and ophthalmia, and the contagiousness of suppuration, as a rule. Dr. Milroy, in a recent paper read before the Epidemiological Society, goes over most of the same ground. He referred to the spontaneous origin of hydrophobia, and of purulent ophthalmia, and to the undoubted fact of the occasional propagation of the latter disease by atmospheric dispersion. He showed the close resemblance between the plague and typhus fever, in origin, development, and obedience to hygienic measures; and the belief that the plague may arise *de novo* is confirmed by the fact of its appearance on the Bombay coast recently. With regard to the yellow fever, Dr. Milroy shows that in upwards of 1,000 cases in the Quarantine Hospital at New York, the disease never spread by contagion, though the case was otherwise on board the *Eclair*. So, also, cholera, he believes, may be generated *de novo*, and likewise propagated

by contagion, if the circumstances be favorable; the same with dysentery, erysipelas, and puerperal fever. On these subjects Dr. Milroy seems to agree in the views of the authors we have mentioned, and his paper shows a tendency in the professional mind to adopt new and, what we may call liberal views.—*Medical Times and Gazette.*

OPERATIONS FOR CATARACT IN GERMANY.

A German correspondent of the *Medical Times and Gazette* says that, in that country oculists have now almost entirely abandoned reclination, as they found that even in successful cases, where the patients could see very well for some time after the operation had been performed, after a few years, blindness had recurred; and, in such cases, the examination with the ophthalmascope showed that, where the lens had been placed, a choroiditis set in, which again destroyed the sight. The results which are obtained by the ordinary extraction by a flap formed upward for the hard cataract of old people, and by linear incision for the soft cataract of young persons, are so satisfactory that other modes of operation are scarcely necessary. In thirty-five cases of extraction by flap, Prof. Weber had only two unsuccessful results; and even these patients completely recovered the sight of one eye. As to linear incision, the same surgeon strongly recommends the operation to be finished as rapidly as possible, and to avoid bruising the edges of the wound by too diligently endeavoring to remove every fragment of the cataract, as by such proceeding iritis may be induced.

The latest novelty in the treatment of cataract is by Langenbeck, and is called "insolation." This is performed by concentrating the sun's rays on the opaque lens by an ordinary burning-glass. The lens is subjected to this concentration of heat and light for several minutes. The author of this operation reports nine cases which he has cured by it.

European eye-surgeons seem given to creating sensations by operative extravaganzas, and, notwithstanding the eminence of the distinguished surgeon above alluded to, we cannot view his last proceeding with any favor, or hope for any real good to come from it.

IMPERFORATE ANUS.

Dr. J. P. Haggett reports in the Cincinnati *Medical News*, the case of a male child, now thirteen months old, in which the rectum terminates in a small canal which communicates with the urethra. All the feces, since the birth of the child, have been discharged through the urethra. The child is rather feeble, and about the ordinary weight of a child at four months.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 15, 1861.

VOLUNTEER NURSES FOR THE ARMY.

Florence Nightingale, during the Crimean war, opened a new sphere for the labor of woman, one which she has peculiar qualifications to fill, creditably to herself, and beneficially to those who fight the battles of their country. The treatment of the soldier on the battle field has undergone a marvellous change within the last half century, stripping war of some of its most revolting features, and the philanthropic lady, spoken of above, has contributed a large share toward bringing about this very desirable and much needed change. But every woman who desires to act in the capacity of nurse in the army is not a Florence Nightingale, either in philanthrophy or in capacity, to properly discharge the responsible duties that will devolve on her. It is necessary, therefore, that there should be some test as to qualifications for this position, as the demands of the age seem to indicate that women are, hereafter, to act in the armies of civilized nations in this capacity. In the absence of any systematic mode of training army nurses, the responsibility must devolve on some one to select from the civil, or rather, perhaps, domestic walks of life, those who have sufficient intelligence and judgment to aid the cause of their country in this direction.

Happily, though we have no Florence Nightingale, we have a Dorothy L. Dix, a worthy, truly philanthropic, and uncommonly intelligent and energetic woman, who has devoted herself for many years to the cause of suffering humanity, and who is, we believe, in every respect, Miss Nightingale's equal, to say the least. We are glad to see that our government, while admitting the propriety of employing competent women as nurses, has placed this estimable lady at the head of this important department. Those who are personally interested in the welfare of our brave troops—and who that loves his country is not?—will be glad to know that whether suffering from sickness or wounds, they will be under the general supervision of one so well qualified by nature and by education for her arduous and important position. Much as

she may deplore the horrors of war, the great heart of this benevolent woman will revel in this opportunity of serving her fellow men, and they, brave men, in the discharge of their solemn duties as loyal citizens of a government which has ever been mindful of its constitutional obligations to the country. Yet there will be no unnecessary discrimination made, for the true nurse, like the true physician, will serve friend and foe alike, ministering to the wants of all as opportunity offers.

As government has thus publicly acknowledged the importance of women nurses in connection with our armies, we trust, that ere long, some step will be taken, under its countenance at least, to qualify them for this important office. We need a good training school for nurses, and can see no reason why it should not be under the direction and control of government. We have military and naval schools, supported by government, to teach men how to fight, why not have a school, supported in the same way, to teach women how to care properly for the sick and wounded while in the service of their country?

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Primitive Medicine and Primitive Christianity.—Galen, the early anatomist, although educated in a pagan country, and living in a region in which Christianity was but dawning, thus inscribes his anatomical works:

"In writing these books, I compose a true and real hymn to that awful Being who made us all; and, in my opinion, true religion consists not so much in costly sacrifices and fragrant perfumes offered upon his altars, as in a thorough conviction impressed upon our own minds, and an endeavor to produce a similar impression on the minds of others, of his unerring wisdom, his resistless power, and his all-diffusive goodness. For, his having arranged everything in that order and disposition which are best calculated for its preservation and continuation, and his having condescended to distribute his favors to all his works, is a manifest proof of his goodness, which calls loudly for our hymns and praises. His having found the means necessary for the establishment and preservation of this beautiful order and disposition, is an incontestible proof of his wisdom, as his having done whatever he pleased is of his Omnipotence."

Whooping Cough is now epidemic in the city of London. One hundred and twenty-four deaths from it were recorded in one week.

Correspondence.

WOUND OF LUNG—RECOVERY.

Poughkeepsie, June 4, 1861.

Editors Medical and Surgical Reporter:

Gentlemen:—The following case happened in my practice, and if you should think it worthy of a place in your journal you are at liberty to put it there.

Two young men of this place, John T. F. and Hugh H. in May last, had a quarrel and scuffle about some money. They fell to the ground, T. F. under. After being separated, T. F. was discovered to be wounded in the left side. On removing his shirt it was seen that he had received a stab between the fifth and sixth ribs, a portion of the lung protruding. The wound was inflicted with the large blade of a pocket-knife. The protruded part of the lung was about an inch in length and half inch in breadth. It was very sensitive to the touch; to that degree that reduction was out of the question. With a pair of scissors I removed the whole of the protrusion, it was followed, of course, with considerable hemorrhage. A compress and bandage was applied to the wound. From the first he complained of severe pain in the side, dyspnœa, and great nervous agitation. An anodyne was given immediately, and he was ordered to bed.

The next morning I found him almost entirely relieved of the pain and the nervous agitation, though it was necessary to give him another anodyne in the night. After that he recovered without one unpleasant symptom. The treatment was rest, in bed, low diet, and cold drinks. Truly yours,

Per Lee Pine, M. D.

—o—

Galen's First Study of Osteology.—The following is Galen's own account of his first opportunities of studying the human skeleton, about the year 120:—"I have often examined human bones when decayed tombs or monuments have fallen in my way. A sepulchre, slightly built, on the brink of a stream, having suffered from the violence of the torrent which had overflowed it; the body, carried away by the force of the current, stopped at last in a kind of harbor, bounded by pretty high banks. I had an opportunity of seeing this body, the flesh of which was already rotten, although the bones still adhered to each other, so that it resembled a skeleton prepared for the use of the student. At another time, I saw the body of a robber, lying on a mountain, remote from any public road. He had been killed by a traveler whom he attacked, and the inhabitants of the vicinity conceiving so wicked a man a proper prey for the vultures, refused him the right of sepulture; and, two days after, his bones were stripped of their flesh and dry, like those prepared for students."

NEWS AND MISCELLANY.

Nurses in the Army.— War Department, Adjutant General's Office, Washington, June 10, 1861.—*General Orders.*—Women nurses will not reside in camps, nor accompany regiments on a march; but those who apply for service, and are highly accredited, having certificates from two physicians and two clergymen of standing, and will forward the same to Miss D. L. Dix, at Washington city, will receive a certificate in return, accrediting them for service in any military hospital of the United States where such services are required. By order.

L. Thomas, Adjutant General.

WOMEN NURSES.

It is proper to state that the number of nurses fully qualified for duty in military hospitals much exceeds the present requirements of such service. D. L. Dix.

RULES AND CONDITIONS OF SERVICE.

Age.—Each candidate must be between the ages of thirty and forty-five, exceptions being only made in the case of nurses of valuable experience.

Health.—Only women of strong constitutions will be received; chronic disease, or other physical weakness disqualifying for service.

Character.—Every applicant must present written testimonials. If the applicant be accepted, these testimonials will be filed, and the name of the referees entered on the register of nurses. Only persons of the highest respectability will be received. While the utmost delicacy is used in such investigation, the requisition of morality, sobriety, honesty, and trustworthiness, will be rigidly enforced.

Discipline.—A promise of cordial compliance with all the regulations of the service will be required; the subordination of nurses to the general superintendent, and of all to the medical authorities, being distinctly insisted on. Each candidate will be required to sign the printed regulations of the service. D. L. D.

Army Surgeons.—By the Board of Medical Examiners of the Army, which convened in the City of New York, May 1, 1861, the following named gentlemen were approved, and have since been appointed assistant-surgeons in the army:

Wm. A. Hammond, Pa.; J. P. Wright, Pa.; H. M. Sprague, Conn.; Chas. C. Gray, N. Y.; Wm. C. Spencer, N. Y.; F. L. Town, N. H.; Alex. Ingram, Ohio; Peter V. Schenck, N. J.; J. W. S. Gouley, La.: Dallas Bache, D.C.; B. E. Fryer, Pa.: John H. Frantz, Pa.; Webster Lindsly, D. C.: C. E. Goddard, N. Y.; H. R. Silliman, Pa.: P.C. Davis, Va.; Jos. S. Smith, Va.; C. J. Wilson, D.C.: Jas. F. Weeds, Ohio; Chas. B. White, N. Y.; G. M. Sternberg, N. Y.

Modern Superstitions Relating to Insanity.—At the Society of Antiquaries of Scotland, Dr. Mitchell read a paper "On the Superstitions relating to Lunacy in the North-West Highlands of Scotland, and on some of the Antiquities of Lunacy." Dr. Mitchell commenced with an account of various superstitions connected with the holy wells, and especially that on Inch Maree, in a loch in Ross-shire:—

"The insane patient used to be bathed in the well, and then carried out in a boat round the island, being occasionally plunged into its waters, after which—and the leaving of an offering of his clothes on a tree—his cure was expected. Dr. Mitchell read some remarkable extracts from the records of the Presbytery of Dingwall, which showed, at various periods of the seventeenth century, the existence of a practice of sacrificing bulls at Applecross for the recovery of the health of some patient, on the festival of the Saint, and which called forth many fulminations from the Presbytery, as well against the going to chapels, adoring of wells and stones, and pouring of milk on hills as oblations. Dr. Mitchell, however, had found that similar practices existed in quite recent times, and that within the last ten years a live ox had been buried in Moray for the health of the rest of the flock. After some curious historical references, which showed that the practice of sacrificing bulls was observed at Kirkcudbright in the twelfth century, and other notices of May Wells, and the old custom of going all over Scotland to them in search of health, and then proceeding to those in England, Dr. Mitchell proceeded to explain some of the superstitions common in the Hebrides relative to epilepsy. Thus a sufferer from this disease was recently put to bed with the dead body of his mother in the expectation of a cure; another drank the water in which the dead body of his sister had been washed; and in another case, on the spot where the patient fell, from his first attack, a live cock was buried with a lock of his hair and parings of his nails as an offering to the unseen power. In Ross-shire a patient lately drank a cupful of his own blood. Dr. Mitchell pointed out many similarities between these and African superstitions relating to insanity and epilepsy."—*Medical Times and Gazette.*

The Drinking Tube.—A simple and portable contrivance for the benefit of soldiers has been introduced, the object of which is convenience in drinking from streams along the line of march, and which, at the same time, filters the water taken up. It is a slender, elastic tube, with an expanded opening at one end, in which is placed a sponge that acts as a filter. The other end of the tube is fitted with a mouthpiece. Water is readily sucked up through it, and is strained before it reaches the mouth. It seems to be of real utility, and is more convenient to carry than an ordinary drinking cup.

Medical Appointments to the Volunteer Corps of Pennsylvania.—The Governor, of this State has announced the following appointments on the recommendations of the Board of Examining Surgeons, whose action was reported in our last issue. Besides these, there are a number of surgeons already in the field, who were appointed before the law was passed by which these examinations were made.

Surgeons.—Alfred W. Green, Germantown; L. W. Reed, Norristown; Charles Bower, Newton Hamilton, Mifflin county; George T. Carpenter, Pottsville; B. A. Lichtenthaler, Lock Haven; Thos. B. Reed, Washington.

Assistant Surgeons.—G. L. Pancoast, Philadelphia; W. F. Marsh, Honesdale; Edward Brenneman, Lancaster; J. M. Lodge, Philadelphia; H. K. Neff, Huntingdon; Thomas Jones, Philadelphia.

The Surgeon-General has adopted the rule, after the examination of applicants for appointment in his department, to select from all a certain number, and then dividing these according to qualification for surgeons and assistant surgeons, they are notified personally by letter from the Surgeon-General's Department, to hold themselves in readiness for a call, and as they are required, they are commissioned by the Governor. The rule has also been adopted, as far as practicable, to appoint surgeons and assistants from the locality where the companies were enlisted, so as to give the volunteers the benefit of physicians acquainted with them personally.

Volunteer Nurses for the Army.—The Secretary of War has addressed a letter to Surgeon-General Wood, of the army, in which he says that during the present war, the forces being made up chiefly of volunteers, the public sentiment and the humanity of the age require that the services of women, as nurses, should be made available in the general hospitals, where, except in a very humble department, they have heretofore been excluded. As many carefully-selected women are in training in various cities of the loyal States, it is the order and wish of the department that women should be substituted for men in the general hospitals whenever it can be effected, and that such women as have received previous training for the purpose be accepted as nurses, except when these can no longer be had. And it is ordered that none be received except those who have presented their applications to a lady appointed by the department to preside over the volunteer women nurses, and who shall have sole authority to select and accept nurses, requiring their age to be above thirty, with certificates of character and capacity.

Miss Dix has been appointed superintendent of the women nurses, with the exclusive charge of accepting such as she may deem properly fitted for the service.

The transportation, subsistence, and wages of such nurses as may be accepted by her are to be paid from such moneys that would be expended in the wages and support of men nurses, or are derived from the usual resources of hospital service.

Professional Remuneration.—A prominent practioner in London, the *Medical Times and Gazette* says, has recently received a fee of $25,000. The will of an eminent civil engineer, lately deceased, bequeaths $5,000 to his medical attendant, and the widow has since added $20,000 to the legacy.

Medical Veterans.—The following eminent medical men have recently died at advanced ages: Dr. Tiedemann, aged eighty-seven, at Munich; Dr. Germa, aged eighty-six, at Paris; Dr. Van Vaerenbergh, aged eighty-four, at Antwerp; and Dr. Francis, aged seventy-two, at New York.

DEATH.

Foye.—Dr. E. M. Foye, Surgeon of the Thirty-Eighth Regiment, New York Volunteers, died very suddenly on the 9th inst., at East New York, of congestion of the brain. Dr. Foye was an accomplished military surgeon. He was with Garibaldi in 1847, and a surgeon in the British army during the whole of the Crimean campaign.

Answers to Correspondents.

W. K. M.—A Medical Benevolent Society was organized in this city many years ago. It was intended to become national in its character, but failed. We know of no such institution in the country at the present time.

M. D.—There have been some undoubted instances of incubation of hydrophobia beyond sixty days; but the lapse of four months should induce you to satisfy your patient of his safety.

J. S.—We have experienced two failures in the treatment of hydrocele with the wire-seton. Where success has followed this treatment, the inflammation seemed to be as great as after the introduction of the thread-seton, or the injection of tincture of iodine. In the failures, the inflammation had not, in either case, reached the usual height. We can see no advantage in the employment of the wire-seton, excepting that it is less painful.

Communications Received.

Connecticut—Dr. A. R. Goodrich; Dr. A. Hobron. *Illinois*—Dr. B. Woodward. *Maryland*—Dr. L. Wachter, with encl. *Massachusetts*—Dr. Chas. E. Buckingham. *Michigan*—Dr. L. D. Tomkins, with encl. *New Jersey*—Dr. P. N. Jacobus; Dr. W. Jackson; Dr. R. W. Clark. *New York*—Dr. Louis Bauer (2); Dr. Per Lee Pine; Dr. Willets, with encl. per Dr. L. Bauer; Dr. O. C. Gibbs; Dr. J. Swinburne; Messrs. Kinne & Phillips. *Pennsylvania*—Dr. B. F. Tillum; Dr. H. S. Mellinger, with encl.; Dr. J. E. Kent; Dr. S. F. Neely; Dr. C. P. Herrington; Dr. A. M. Sigmund. *Rhode Island*—Dr. E. A. Crane; Dr. Samuel W. Francis; Dr. E. M. Snow.

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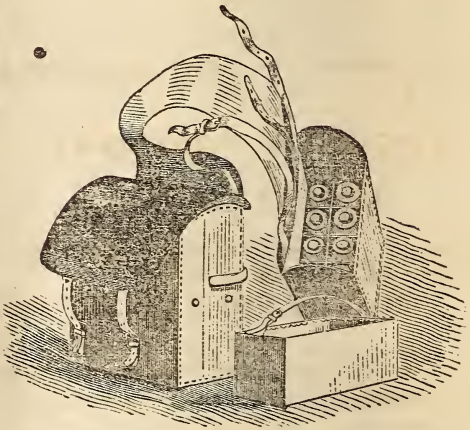

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.

No. 1.

Religious History.—When the pleasing duty is assigned us of discussing a subject which could well employ the thoughtful mind for many busy years, we enter upon a consideration of its beauty and depths with a calm pensiveness, and pursue its charms with a quiet enjoyment, unlimited by the narrow bounds of a set task. We feel that humanity is interested in the same object of our investigation, and appreciate, to the fullest extent, the contemplation of that which is common, in its usefulness to all, and may, with impunity, be regarded by mankind as the only true democratic link in nature.

Water, as a theme, is as expansive as the ocean—as endless, in its teachings of philosophy, as the globe itself—and as truthful in its reflections as it is pure in its organization; as an inhabitant of the earth, one of the oldest—as a parent of secondary growths, the most antiquated. We find recorded in the pages of Holy Writ:—"Darkness was upon the face of the *deep*," and "God moved on the face of the *waters*."* It was not until the waters were formed that the firmament (heavens) was made. The waters existed before even dry land appeared. When that grand scheme of nature had been fulfilled—when all the plants of the earth, and lights, had been created, to balance the laws of the sphere—there was a stillness, such as never can be equaled again.

Then, on the fifth day, "God said, let the *waters* bring forth abundantly the moving creatures that hath life;" not only "whales and every living thing which the waters brought forth after his kind," but "the fowl that may fly above the earth in the open firmament of heaven."

In the second chapter of Genesis, we find that, when all was completed and God rested from his labors, and was well pleased that it was very good, "there went up a mist from the earth and watered the whole face of the ground."

The garden of Eden—the paradise of man before his fall—was well watered by a stream that parted into four heads on emerging from its beautiful seclusion, where man was, for centuries, to dwell in purity and innocence. It is important to be thus minute in detailing the smallest facts connected with the earlier history of water in the beginning of the world; for it establishes an interesting and instructive chain of evidence from chaos to the end of the slow-paced movements of advancing time, that at once stamps upon the face of a truthful record the priority of water. And what can be of greater moment to man than this mundane sphere while he lives and breathes and moves? And when he learns of the part borne by water at the commencement of all, he experiences additional interest in tracing out its meanderings through the green pastures. Leaving a large margin in the book of life, he passes on to meditate upon it as the key-note of all that breathes.

To touch briefly upon the uses made of water in the Bible for the benefit of man, we find many instances of historical importance, involving moral teachings, miraculous cures, and suggestive lessons. When the world had abandoned itself to sin, and mankind refused to listen to the admonitions of a merciful God, the elements bore down the messages of wrathful indignation from the fountain head of Truth, and thousands were thus swallowed up in water. The Deluge washed all from the record

* Genesis, chap. i., verse 2.

of humanity, save those who, exhibiting a pious faith, had gathered themselves together in the Ark of the Covenant, the sole representatives of this future world; and that the human mind might not lose its just ambition in ages yet to come, Iris appeared, spanning the heavens and telling, in all the softening colors of prismatic truth, the mercy of an injured Deity. Strange, indeed, does it appear to the contemplative mind, that, while the world was first destroyed by water, its second end will be produced by want of it!

The wells of Jacob are still in existence, and may be seen by the traveller, or met with by the weary pilgrim on his lonely path of duty and of sorrow.

While all the males in Egypt were being slain to restrict the increase of the Israelites; while parents wept and mothers sat bereaved of their bright future prospects, the infant Moses was placed upon the bosom of the placid stream to be wafted at the disposition of the God of Israel, the future leader of a mighty host, the faithful ruler of an ungrateful people. Borne along the banks of Pharoah's river, he was rescued by the heathen. Thus an eventful era in the history of the world turned upon the fated voyage of the little fragile bark, and the sleeping innocent, the embryo of future purposes, the instrument of Providence. When the seven plagues failed to soften Pharoah's heart, and he repented him of his rash permit to depart, though many miracles had been performed to demonstrate the existence of a mightier power, it remained for the Red sea to roll back at the word of the all-powerful Jah, to liberate forever the bondsman from the tyrant's sway. Returning, at the second mandate, to its former bed, it swallowed up the worshipper of idols, with his great company of soldiers, and left another mark in the records of the nation's progress that foretold a change of customs, habits, and religion.

The children of the wilderness journeyed on obedient to the movements of the cloudy pillar; and when at length surrounded by a desert waste, with no appreciable evidences of relief from thirst and hunger, they doubted the wisdom of an ever mindful guide, and with parched lips, and uplifted eyes, rebuked the Omnipotent for such painful trials, the flinty rock was smitten and pure water gushed forth to alleviate their sufferings and confirm their faith.

The miraculous adventures of the prophet Jonah form one of the most interesting facts connected with the earlier periods marked in the writings of the Old Testament. Elijah, when there had been few before him to exhibit signs of faith and reliance on the aid of heaven, fearlessly crossed the river Jordan, with no power save that of confidence in God. And when Naaman had tried all the remedies of his own dominion, the simple answer to his inquiry for beneficial means to be employed, was but to bathe just seven times in the river Jordan. The keeping back the rain for many days, and then pouring down a plentiful supply on dried up lands, in answer to the Prophet's prayer, serve to indicate the mighty influence upon the dullest intellects or hardest hearts, produced by droughts, the consequences of controlling nature's plans.

When Hager was abandoned, with her child, to the care of nought save the proud elements, and fainting, they sat down to die for want of sustenance, an angel of the Lord appeared and pointed out the spring of cool, refreshing water. David exercised more praiseworthy self-control when refusing the helmet of water, purchased by the blood of a few, than when leading his victorious armies forth to meet a valiant enemy. How suggestive of quiet benefits and soothing influences are the pools of Siloam and Bethesda! How surpassingly beautiful is the story of the angel descending from above to purify the waters and medicate the stream, where old and indigent, decrepid and enfeebled human brothers laved their wounds and found a panacea.

More of the miracles of our Saviour were performed on the water than we can find recorded of any one other subject of Divine regard. The tribute money, demanded from his followers, was instantly obtained by casting forth a hook and bringing up a fish whose belly contained the money looked for. The miraculous draught of fishes strengthened much the faith of the disciples, themselves fishermen. The walking on the water, amid the shades of evening, called forth a corresponding confidence in Peter, and excited wonder and amazement. It was a storm at sea, threatening every instant to engulf the hardy seamen, that brought forth the piteous bewail "Save Lord or we perish," and received that mighty, powerful, yet expressive response and edict to the winds and waves,

"Peace be still!"

How often, when the eager multitude had flocked to listen to their beloved Master, did he preach to one and all from the side of some

small craft, rendering the vessel as sacred, for his purposes, as the pulpit is in consecrated times. In the Book of Psalms how expressive of purity, holiness, and quiet serenity of existence, is the descriptive phrase: "There is a River, the streams whereof make glad the City of God." Again, we have the beautiful simile, full of force, yet indicative of the gentler emotions of a subdued spirit, the psalmist exclaims, with all the poetry and pathos of one sensible of his condition: "As the hart panteth after the water brooks, so panteth my soul after thee, O God." And a little further on he states, with emphatic zeal, yet abiding self-consciousness of his desolation: "Deep calleth unto deep at the noise of thy water-spouts: all thy waves and thy billows are gone over me."

Innumerable are the metaphorical allusions to water in the Holy Bible, as evincing hope, sorrow, joy, faith, and repentance. And, indeed, one of the greatest examples of humility recorded in the New Testament is when our Saviour knelt down at the side of his disciples, to wash their feet; symbolical of purifying their souls, and humbling their views of a christian's superiority over sublunary offices.

It is also remarkable, and worthy of note, that the only time our Saviour wrote was on the sand by the sea shore. The first great miracle performed was at the marriage feast of Cana, where "the conscious water saw its God and blushed."

When David, inspired by a sense of duty and a holy love of what was right, went forth to arm himself against the mighty Goliath, leader of the Philistines, he refused to wear the profered gift of armor and the richly-ornamented apparel of his own great king; and, walking down, chose him five smooth stones out of the brook, which served him, aided by Divine assistance, to overcome the titanic warrior, and free his country from a warlike foe.

When an invitation is given to the lost sinner, and he is urged to move on towards the Throne of Grace, we find the following: "Ho! every one that thirsteth, come ye to the living waters."—Thirst being taken as the greatest suffering to be endured by man while in a state of unregeneration. It is not let him that is an hungered, eat! But ye that are wearied; that have exhausted all the energies of matter; who have not vital force to overcome surrounding objects; who need refreshing comfort; who desire what can alone prove soothing and salutary to the wasted spirit; come to the Fountain of Life and *drink*.

And still again, as a weapon of punishment, or as a proof of christian rectitude, do we read the following counsel given to the man of probity when injured by his brother: "If thine enemy *thirst*, give him drink; for in so doing thou shalt heap coals of fire on his head." Here is another pure and holy precept for the follower of true charity: "Whosoever shall give a cup of cold water to one of these, in my name, shall have his reward." And I would ask what passage in the scriptures is employed to exhibit the suffering in a future world, with a more comprehensive meaning, or a more dreadful warning, than that which speaks of the punishment of Dives while in hell? What did he ask for? What did he desire? What was the sole remaining means of satisfying his cravings for relief from agony untold? That Lazarus might but touch the tip of his tongue with a drop of cold water! The heat to be endured; the living fires of a guilty conscience, corroding with a quenchless remorse; the burning despair of a hopeless misery; all conspired to call forth the solitary desire now left to the doomed man—water!

When the Israelties were in captivity, and hope seemed to vanish for the want of encouraging prospects; their bright futures dimmed by the shadows of a heathen bondage: "By the rivers of Babylon they sat down and wept," hanging their harps on aged willows as they drooped in prophetic silence over the murmuring streams.

It is a most interesting fact, suggested to the meditative mind, that while man has been permitted to discover, promulgate and bring to light new truths, invent a thousand wonderful improvements, and unfold a world of scientific paradoxes; all of which is but the laying bare to view the latent treasures always to be found in nature, God built the first vessel that was to surmount the waters of the deep and rescue fallen man from total ruin. How expressive and how true and full of calm, ennobling sentiments are the words of the wisest man that ever lived: "Cast thy bread upon the waters; for thou shalt find it after many days."*

So great a reverence is felt for water by some heathen nations that it is esteemed a god and worshipped by them as the ruler of their destinies. Its quiet meanderings through unfrequented regions; its ubiquity; whether it has for its residence the parks of regal splendor, its

* Ecclesiastes, chap. 11, ver. 1.

banks adorned with plants of choicest rarity, or flowing in a gentle, gurgling stream let through the peasant's meadow, refreshing his cattle, beautifying the scenery, reflecting the heavens, and then running on to point man to its source of purity and irresistible powers. One and all of these attributes seem to have inspired in the bosom of the swarthy Brahmin a feeling of adoration, fear, love, and awe. By the inhabitants of India the river Ganges is regarded as worthy of veneration, and even propitiation. This same river Ganges, which is one of the four parted from the original stream flowing through the garden of Paradise, is worshipped as the nail of the great toe of the God Vishnu.* The blind, infatuated natives seek to wash away their crimes by offering up annually, as an atonement, hundreds of their innocent babes to this insatiable deity. A religion resembling more the fearful demon spoken of in Vattek† than such as one could learn to follow as the means of reaching future joys, in no way corresponding to the laws of true inspiration coming from divine associations.

In years gone by, mermaids were looked upon by seamen with fear and trembling, alike for their fascinating powers and relentless exactions, dwelling in mysterious caverns and subaqueous abodes, the constant resorts of sirens, and other equally unknown agents in behalf of some all powerful being.

The Indian warrior has often bowed before the throne of the Great Spirit at Niagara, listening to his thunderings as unto some unknown language. If not correct or orthodox, it shows at least how sublime a thought for the ignorant savage, who seeks the future happy hunting grounds as the reward of honest dealings in this world.—*To be continued.*

—o—

Military Quackery.—The same peculent spirit which clothed our volunteers in flimsy uniforms and sent to them spoiled provisions, is at work attempting to extort money from them in exchange for nostrums, claiming to prevent or cure diseases to which they may be liable. One of the most recent and deceptive of these is called an "aromatic belt," which is professed to insure an immunity from affections of the bowels. We would suggest that the medical profession should use their influence in protecting soldiers from being thus imposed on and burdened with such useless trumpery, and induce the kind friends of the volunteers at home to spend their money, in sending to them in preference, articles of real utility.

* Rev. Dr. Scudder, Missionary to India.

† Vattek, by William Beckford, of England.

Anomalous Tumors.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Diseases of the Mouth—*Continued.*

Epulis.—The derivation of the word is from the Greek επι ουλον, signifying "upon the gum."

It is applied by a common consent—or, rather, I should say, is meant to be applied to a class of tumors having origin from the alveolo-dental membranes.

I will take on myself the assurance of saying that it is a most inadequate and inexpressive pathological word, and should be discarded as a noun substantive from medical nomenclature.

There is no special epulic disease, and "epulis" when employed as a noun substantive has no meaning.

Let me offer a single example. Salivary calculi rests upon the gum, therefore salivary calculi is of the class epulic.

It is inadequate and inexpressive as a noun, because from the alveoli of the teeth grow tumors of various signification. Thus we have the fibroid, the fibro-recurring, the myeloid, the polypoid, the encephaloid, the simple fungoid, etc., etc. Hence the confusion which marks the writings of nearly all authors on this subject. Mr. Furgusson, as an example, uses the term with a most unpardonable license. With the derivation of the word before him, he defies "roots" and application, by telling us, that epulis "is a disease which begins as a small spot on either the outer or inner surface of the gums." Again, he says, epulis consists of a swelling of solid bone, the hard parts of the jaw being primarily affected. He still again says, it may be an osseous cyst, containing a glairy or a serous fluid.

He also instances a case of common polypus, and calls it, too, an epulis.

Mr. Paget, on the contrary, seems to ignore the existence of epulis. Turn to his history of myeloid diseases, and see how he treats our επι ουλον.

Who, then, of these authors, or of the many authors, are right, and who wrong. Ask the first medical friend you meet what he understands by an epulic tumor, and the chances are, nine out of ten, that he will say to you, it is a malignant tumor about the gums. Ask then your next friend, and most likely he will offer to prove by the microscope that such growths

are benign, and it may be that he will bring you specimen after specimen in proof of his assertion.

In consideration then, of this long felt confusion, may we not be able to reconcile all difference by an abnegation of the word epulis as a noun substantive, using it only as an adjectiveal noun.

Suppose the spot upon the gum to which Mr. Fergusson alludes, should be of the character of epithelioma, then it would be, pathologically speaking, cancer. But it would also be, anatomically speaking, epulis.

So also, the myeloid tumors instanced by Mr. Paget, as being mistaken for the epulides; being upon the gums, must necessarily have been true epulides, and the men who called them by such name were right. Yet also was Mr. Paget right. If now we drop the term epulis in a pathological sense, and use it, as it seems to me it only should be used, anatomically, then by calling the tumors epulo-myeloid, we reconcile all differences in diagnosis, we give the exact location and pathology of the disease; we restrict the term, while at the same time, we make it limitless, so far as the diseases of the gums are concerned. Certainly, my suggestions are the teachings of modern pathology, the microscope has revealed that there exists no special disease to which the term epulis can be justly applied.

If, then, there is met with a tumor upon the gums, such tumor will be, not an epulis, but an epulo-myeloid, an epulo-fibroid, an epulo-fibro-recurrent tumor, or whatever else it may be demonstrated to be by the microscope.

By such change in nomenclature, we make this pons asinorum an easily crossed bridge, we divest the subject of all its confusion. We make a term as patent to the scholar, and as expressive as are the hyphens, gastralgia, cephalalgia, gastritis, cerebritis, etc.

With these preliminary suggestions, we pass to the consideration of tumors "upon the gums."

Yesterday, June 13th, I removed from the mouth of the sister of a medical friend, a tumor about the size of a hazle-nut, which occupied the alveolus of the left superior second molar tooth. I thought this tumor belonged to the class of pulp-fungoid, described in my last paper. There was the broken palatine fang in the jaw, but so deep that it was only fairly distinguishable to the probe. I could not see the origin of the growth, but inferred its character.

By separating carefully the alveolus from this fang, I was enabled, after some little trouble, to get it from its bed. The tumor proved to be an outgrowth of the peridontal membrane, and not an excrescence from the pulp. In character, it was distinctly and decidedly fibroid—it was an epulo-fibroid tumor. It did not look like a growth from the periosteum, but rather as if its origin was in the crusta petrosa, and it had carried the periosteum as a coat before it, somewhat like the infundibuliform fascia is made a tunic to the descending intestine in an oblique inguinal hernia, the removal of the fang brought the tumor cleanly away—of course, I did not deem any scraping or cutting of the parts necessary, the growth was associated exclusively with the periodontal membrane, and had not in the least involved its alveolar reflection.

It was fairly and openly benign, and, of course, neither of us apprehend any further trouble concerning it.

The following case taken from the *Lancet*, is from notes of Mr. Winterbottom, and formed the subject of a clinical lecture by Mr. Quain, in University College Hospital.

"E. M., æt. 15, was admitted April 28th, 1859. In the summer previous, she was struck on the left side of the nose by a shutter, the face swelled, but quickly got well, and nothing was noticed till the christmas following, when she perceived that the same side of her face was enlarged. A month later, she observed a swelling on the gum, and went to a surgeon, who extracted the left lateral incisor, and afterwards lanced the gums, letting out some matter.

On her admission, there is found beneath the soft parts on the left side, along the side of the nose and below the eye, a swelling of the size of a flattened walnut. It extends inwards, encroaching on the ala of the nose, and reaches to within a finger's breadth of the margin of the lower eyelid; it covers the body and anterior surface of the superior maxillary bone, and is continued down to the gum. When the lip is raised, several decayed teeth are seen, two middle incisors, and one lateral; and on the left side where several teeth have been removed, a considerable swelling is found projecting on the anterior surface of the alveolar process. This is elastic to the touch when felt beneath the integuments, and yields distinctly over all the surface. There is also a degree of elasticity at the lower margin of the gums in the space

unoccupied by the teeth. There is no change in the roof of the mouth. A very slight degree of fullness is perceived in the left nostril. The glands in the right axilla have been enlarged for some time; those under the angle of the jaw are also enlarged. There is no pain, and the patient is very anxious to have the growth removed.

This tumor was pronounced by Dr. Jenner to be fibro-plastic in its minute anatomy. It serves then as an illustration of another of the class epulides—it was an epulo-fibro-plastic growth—a tumor on the gum, fibro-plastic in character.

Epulo-myeloid tumors may be illustrated from the chapter in Mr. Paget's book on myeloid growth.

Amongst others, he instances the two following cases:

"A lad, eighteen years old, was under Mr. Stanley's care between five and six years ago, with a tumor occupying the anterior of the symphisis, and immediately adjacent parts of his lower jaw bone. It had been observed gradually increasing for eight months, without pain, and in its growth has disparted the walls of the jaw, hollowing out a cavity for itself, and projecting into the mouth, through one of the alveoli. Mr. Stanly removed the portion of the jaw, from the first left true molar to the first right pre-molar tooth. The tumor presented the greenish and grayish basis, blotched with crimson and various brownish tints, and the characters of firmness, succulency, and microscopic texture, which is so distinctive of the myeloid tumors.

(The microscopic structure of such epulo-myeloid tumors is figured on page 449 of M. Paget's book. The observer will incline to look upon such structure as made up of simple caudate cell in various stages of development.)

Case 2.—A woman, twenty-two years old, was under Mr. Lawrence's care in March, 1851; from the aveolar part of whose right jaw, growths, which were regarded as examples of epulis, had been four times removed in the previous thirteen months. In the operation in August, 1850, the growth was found to extend through the socket of the first molar tooth into the antrum, or into a cavity in the jaw. It was wholly removed (as it was thought) and the wound healed soundly; but nine weeks afterwards a fresh growth appeared that seemed to involve, or arise, from nearly the whole front surface of the right upper jaw-bone; it was firm, tense, and elastic, but not painful, projecting far on the face, as well as into the nostril, and into the cavity of the mouth at both the gum and hard palate. This swelling, under various treatment, rapidly increased, and in December, 1850, a similar swelling appeared at the left canine fossa, and grew at the same rate with that of earlier origin.

Of course the existence of two such swellings led to the fear, and in some minds, to the conviction that the disease was cancerous; and the more, because, at nearly the same time with the second of these two, soft tumors had appeared on the parietal bones. Still the patient's general health was but little impaired; and when the mucous membrane of the hard palate ulcerated over the most prominent parts of the tumors, neither of them protruded, or bled, or grew more rapidly.

In April, 1851, the growth of the tumors appeared to be very much retarded, and for the next month was hardly perceptible; and the patient being very urgent that something should be done to diminish the horrible deformity of her face, Mr. Lawrence, in May, cut away the great part of the front and of the palatine and lower nasal parts of the right upper jaw, and removed from the antrum all that appeared morbid, including, doubtless, nearly every portion of the tumor.

The excised portion of the jaw-bone was involved and imbedded in a large, irregularly spherical tumor, composed of a close textured, shining, soft, and brittle substance of dark grayish, suffused and blotched wtth various shades of pink and crimson. It was not lobed, but included portions of cancellous bones, apparently newly formed, and was very closely adherent to all the surrounding parts.

The patient perfectly recovered from the effects of the operation, and to every one's surprise, the tumor on the left upper jaw which had been in all respects like that removed from the right side, gradually disappeared. It underwent no apparent change of texture, but simply subsided. The swellings on the parietal bones, also, the nature of which was not clearly ascertained, cleared away; and when the patient was last seen, she appeared completely well, and no swelling could be observed.

In the April number of the *Dental Cosmos*, a U. D. Holbrook makes the following curious statement. I know nothing of the gentlemen or the cases. Their history is epulic, epulo-

fungoid, and the treatment is certainly very original. I transcribe the article in the words of the writer, and offer it to the readers of these papers for what it is worth.

Some thirty years ago, says the writer, my mother was attacked with fungus, which made its appearance on the lower jaw, directly back of the central incisors. It rose up, and, after some five weeks protruded through the surface, and spread quite rapidly, having a small stem or neck. It was taken off many times by the use of a ligature made tight around it, and as often made its appearance again, at each time in a more malignant manner.

At last the best medical aid in St. Lawrence county, N. Y.—for this was the vicinity where we then lived—was called, and treated under their directions. It had by this time made its appearance around the neck of some three or four of the incisors. They were removed, lunar caustic applied in connection with other remedies, but all to no purpose. As a last resort the flesh was cleaned from the outside of the bone from opposite the first bicuspid on each side, down to the lower edge of the bone, the bone thoroughly scraped, and various remedies applied; but still it grew and spread. Finally, my mother being a woman of strong nerve and resolute will, resolved to be her own surgeon; and at it, knife in hand, she went. She cleaned it off in chunks, scraped the bone, tore it out as best she could, from time to time, almost daily, and yet, after three years of perplexing anxiety, she seemed to be doomed to still more serious trouble from it.

One day, while on the way to a neighbor's house, she saw in the road a piece of charcoal; and, as by instinct, the thought struck her that in that little coal was the cure for her jaw. She took it home, pulverized it, and placed it upon the seat of her trouble; day after day she applied the coal for a few weeks, and the fungus disappeared. She lived some seven or eight years after; but it appeared no more.

Case 2.—Some sixteen years since, continues this gentleman, I had from the centre of an upper molar tooth a fungus, which grew quite fast, and was cut off many times, but no cure. At length the root was removed from its cavity, but still the fungus grew; caustic was applied to no purpose; it was often cut or dug out until after some two years had expired with no good result, when it was seared with a hot iron and cured. The use of the coal had slipped my mind.

Case 3.—Some two years ago, another tumor of similar character appeared opposite the second bicuspid on the lower jaw near the edge of the gum. I removed it with a ligature, but it again appeared in a larger form. I had informed a sister in the East of the fact. It came to her, or rather she called to mind about the case of our mother. She wrote me about it, and wondered if I had tried it, or had forgotten it. I then had it cut off, applied the charcoal for three weeks and it was cured. Some eighteen months have since elapsed, and I am well.

En passant—charcoal as a cure for epulic tumors is something new. I have not, however, noted the cases on account of the treatment, but because they seem to offer simple, and home-like illustration of still another class of epulic growth—the epulo-polypo fungoid.—(*To be continued.*)

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 244.)

SECTION III.

Intermittent Fever—Ague and Fever.—As well-remarked by Assistant-Surgeon R. A. Quinau, in his report of the sanitary condition of Fort Capron, Florida, ague and fever seldom affords cause for alarm, or even seriously excites the anxieties of the patient, but it is nevertheless one of the most vexatious ills which can affect a garrison. His treatment has been quinine in small but efficient doses of two, three, five, or ten grains, and is chiefly relied upon, with suitable exercise, cleanliness, and aeration, with the avoidance of useless exposure to the sun. In his report, the largest number of cases in that region were of the quotidian form; then followed the tertian. Of 1,625 of all fevers, 844 were of the first variety, and 444 of the latter. The number of quartan amounted to 15 in the whole year, of which he lost none by death. To show the intensity of the miasmatic poison which prevailed during the time the post was occupied by Company H, it may be stated that out of two officers and sixty-two enlisted men, (who composed the garrison,) both officers and forty-five enlisted men were seized with the

fever. Assistant-Surgeon Asa Wall writes, September, 1857, that the fever was of the intermittent and remittent kind, with occasional tendency to active congestion of important organs. The *treatment* followed in these latter cases was that pursued by many army surgeons in the old Florida war, viz: quinine in large doses, with such adjuvants as the peculiarities of certain cases required, and observe hes that he was "happy to say that this plan of treatment has been successful in the highest degree. I have lost but one patient from the fever, and he died when my supply of quinine was exhausted. It was frequently combined with calomel, which doubtless had a tendency to prevent engorgement of the liver and spleen." As a substitute for quinine, Dr. E. S. Bailey, of Indiana, has introduced nitric acid for the cure of intermittent fever. Dr. Hammond, formerly of the United States army, has published a table, showing the results obtained in the treatment of forty-one cases of intermittent fever at Fort Riley, Kansas Territory, in a period of six weeks in summer; of these forty-one cases, ten were quotidian, and thirty-one tertian. Thirty-one cases were treated with nitric acid, and nine with sulphate of quinine. Of the cases cured by nitric acid, three had previously used quinine without effect, and of those in which quinine had proved successful, nitric acid had been employed without benefit in two, and in one other had to be omitted on account of causing heart-burn, etc.

The average period of treatment before the disease was permanently arrested was the same with each remedy—three days. The nitric acid was uniformly given in doses of ten drops, (properly diluted with water,) three times per day; the quinine in doses of eight grains, three times per day."* A caution is necessary in its use, owing to its tendency to injure the teeth. A solution of bi-carbonate of soda should be employed to wash out the mouth after each dose of the acid.

Dr. H. also observes that, "In cases of enlargement of the spleen, consequent upon frequent attacks of the ague, the remedy in question has, in my hands, proved very advantageous."

Tincture of iodine, or iodine ointment, has been found, by the writer of these articles, a most valuable local application in enlargement of the spleen or liver.

* American Journal of the Medical Sciences, April, 1861.

Remittent Fever.—This is also called "bilious remittent" and "bilious fever." It is truly a camp fever. It is characterized by distinct, yet not entire remissions of all the symptoms about every twenty-four hours.

This fever, is not always easy of diagnosis.

There are two forms depending on the cause, time, and location. It occurs mostly during summer and the fall.

Causes—hot weather; miasm. The first variety of it occurs early in the summer—has not much bilious derangement, but if later in the fall it is attended with bilious symptoms, and is, therefore, bilious remittent, or autumnal remittent.

In the summer remittent, the remissions are less marked than the autumnal, and the liver not so much affected. It does not yield on critical days or by critical sweats. It gets well rapidly and entirely, if properly treated.

The summer variety is made worse by quinine and arsenic. The autumnal is improved by it. The remedies for the summer remittent fever are bleeding, with large doses of calomel.

In the summer form the skin is clear. There may be great gastric disturbance, which is relieved by leeching and ice. In the fall variety, the skin is yellow, with but little nausea and vomiting. In summer variety, delirium and somnolency occur early. In the fall fever, not so early. Pulse full, frequent, but seldom above one hundred; not hard. There may be diarrhœa or constipation. Tongue white, seldom red, but in the latter stage cracked.

Anomalous Remittent.—This is also called "malignant," "ataxic," "pernicious," and congestive fever, or the cold plague, known well in the south and west of our country, and as our troops proceed South they will be liable to it. The cold stage is often very short, at other times very long, while the succeeding fever is extremely violent; the pulse is hard, full and frequent; eyes dry and red; excruciating pains in head, back and limbs; oppression at the epigastric region; vertigo, tinitus aurium, with stertorous breathing. There is sometimes apoplectic stupor, coma.

These symptoms may continue for twenty-four hours, when a remission of a short duration occurs, but which almost amounts to an intermission. Sooner or later another exacerbation sets in, and after running a more severe course it ends in a clammy perspiration. If it goes on without molestation, the remission be-

comes less marked, and great prostration supervenes. Delirium is almost always present, the skin is either pungently hot or clammy cold, and all the signs of typhus fever, petechiæ, vibices, hemorrhage, etc., etc. Another variety is characterized by extreme congestion of the blood in the central organs, early accession of debility, oppressed respiration; small, weak pulse; anxiety, prolonged, cold perspiration; faintness, with cold, livid extremities, with hemorrhages or sero-sanguinolent or rice water discharges; secretions abnormal or irregular.

Treatment.—Great uniformity of opinion exists concerning the exhibition of Peruvian bark, or its preparations. Of sulphate of quinine large quantities are to be given, from ℈ij to ʒiij in a remission, also so combined as to restrain diarrhœa, or open the bowels as the case may require.

The great difficulty is to bring on reaction when the patient is in the fit, but death follows if you do not, and there is a chance for his life if you succeed, and give the quinine. The first blow of the disease falls on the functions of innervation, and second on the capillaries, causing congestion, and the third on the function of calorification. Therefore, for the ataxic or nervous conditions, opium and quinine; for the congestion, cups, leeching, blisters, and sinapisms; for the cold skin, etc., external heat, stimulants, frictions of ice in a flannel cloth; calomel is proper when there is deranged condition of the biliary secretions; diet, the most bland nourishing soups, wine whey, beef tea, and milk, but alcoholic stimulants do harm.

Yellow Fever.—The symptoms are slight chills; intense pain in the head, eye-balls and back; injected conjunctiva; tenderness of the epigastrium; incoherency of speech; confusion of intellect; temperature slightly increased; average pulse 80.

Treatment.—Calomel, quinine, and opium, with the usual adjuvants. Out of ten cases treated by Surgeon Charles M'Dougall, four were fatal, six convalescent.

At Fort Moultrie, Surgeon J. B. Porter treated twenty cases of yellow fever; his treatment varying but little from that given above. "In the first stage hot mustard baths were uniformly employed, and were almost always followed by an alleviation of the severe pains in the head, back, and limbs. After the exhibition of a dose of ten grains of calomel, combined with ten grains of quinine, and the employment of the baths, diaphoretics were administered, dry heat applied, and perspiration sedulously promoted till the fever subsided. In some cases the calomel was repeated in small doses, with the view to produce a mercurial impression on the system; but, generally, fatal symptoms presented themselves before this object was attained. In the second stage, brandy, beef-tea, blisters over the stomach, sinapisms to different parts of the body, and all the usual means of stimulation and support were resorted to, to meet emergencies as they arose."

This was the general treatment adopted, but other methods were employed without any better success. It generally commenced about July in the City of Charleston. The troops in Fort Sumpter were also attacked, but the mortality was less.

Typhoid Fever.—This fever is also known by the name of "continued," "enteric," "nervous," mucous and abdominal typhus fever. In olden times it was called typhus mitior, and true typhus was termed gravior. It occurs in spring, summer, and fall, and is termed the red tongued fever in the West.

Symptoms—Preceding the attack, malaise, disagreeable taste in the mouth, thirst, discharge of mucous from bronchial tubes; tightness across the forehead; lassitude, incapacity of mind; irritability of the nervous system; heat of skin; towards evening, chilliness; defect in the sense of taste; pains in the limbs, back and loins; ringing in the ears; sometimes diarrhœa; never sudden in its attack. Pulse one hundred, slight remissions. There is a peculiar musty odor attending this fever; mind drowsy; delirium, or sleepy in two or three weeks, but sometimes at the onset. There is sometimes low muttering, and sometimes furious delirium. There is great tympanitis with pain over the right iliac fossa, with gurgling; epistaxis, is a common symptom. There is an eruption of taches rouges, or rose spots of the size of the head of a pin. They occur from eight to fifteen days. They differ from the petechiæ, or spots of scurvy or typhus, which occur on the fourth day. In the third week we have complication of bronchitis, pneumonia, ulceration, or perforation of the bowels. This perforation is indicated by thirst, quick pulse, extreme tenderness of abdomen, with vomiting of green or black matter, and arresting the

diarrhœa. The other complications are known by the symptoms which have been already described.

The general prognosis is unfavorable; about one out of six die in summer; in winter, one out of three.

Treatment.—Relieve the headache by an emetic: pulv. ipecac, ℈j, with 1 gr. ant. et potass. tart., and if tongue is furred, give purgative of calomel, followed by saline or seidlitz powder, or citrate of magnesia. If fever is very high, with delirium, bleed, apply cold water to the head, cut off the hair, apply leeches to the temples, and use foot-bath.

Keep up gentle action upon the skin with spts. mindereri. When there is a remission, give quiniæ sulphas: attend to diarrhœa by mucilages and tinct. opii, giving alum whey and plumbi acetas et opii.

Diet—Beef tea, wine whey, and brandy punch, avoiding all solid food, nothing but a liquid diet; keep up the strength, attend to complications, and keep the patient in a well-ventilated room, and he will recover. There is no specific; patients never die from the fever; always from complications.

Typhus Fever.—This is also termed jail and hospital fever. It is characterized by quick, small pulse, great prostration, and disturbance of the brain.

Its general cause is close air and filth. On this account, in old times, jails and military hospitals were most exposed to it, but proper ventilation and cleanliness have diminished its ravages.

Prodromic Symptoms.—They are chilliness, pain in the head, burning heat, or alternating heat and cold, trembling of the hands, loss of appetite. When the fever has fully developed itself, the odor is ammoniacal or putrid, countenance stupid, skin of dingy appearance, eyes injected. There is no fever but that of the true yellow, which produces the peculiar unpleasant sensation of heat to the fingers on feeling the pulse. The bowels are usually constipated; pulse 100 to 150, but irregular, weak, yet apparently strong, when superficially examined, heart more affected than lungs, being feeble in action. The urine has a muddy, dark hue; no sediment, but containing albumen. The eruption appears upon the fourth day, on the back, and then spreads over the body, reaching the chest last. The eruption is the purpura rubra: pressure will not remove the spots. The blood, when drawn, flows sluggishly, and is very dark in hue, coagulating loosely, rarely buffy, in some instances it looks like molasses.

Prognosis favorable; mortality one in nine. The deeper colored the petechia the more grave. Hemorrhages are unfavorable. It subsides on the 7th, 9th, 14th, and 21st days. Cleanliness and good ventilation will cause it to disappear. It has no specific virus, but is communicable from person to person, if in the same atmosphere.

Treatment.—This fever cannot be arrested in its course when once it shows itself, yet such was the reliance of Dr. Rush, while in the American army, upon an emetic, in curing it in its forming state, that he made it a practice to carry a number of doses of tartar-emetic in his pocket, which he gave to such of the officers and soldiers as complained of the premonitory signs of the fever, and always, he states, with the happiest effects. As it is difficult, in the very early stage, to determine what the form of fever may be, in some instances Dr. Rush must have given the emetic with good effect in incipient bilious, or typhoid fever, which are the most common forms of camp fever, and which are frequently checked by the administration of an emetic. Our present treatment consists in abating the symptoms, and warding off death, by protecting every organ and restoring the natural condition of the blood and nervous system.

The treatment should be mild, supporting the system by nourishing liquid diet, and above all, attending to cleanliness and ventilation.

On Inflammation of the Brain and Coup de Soleil.—*Phrenitis*, or inflammation of the brain, is properly a summer disease, when men are exposed to the heat of the sun, especially whilst asleep and in liquor.

Great care must here be taken to distinguish true inflammation of the brain from coup de soleil or sun stroke, as the treatment of the first is active depletion, while in the second it is first stimulation with cold to the head and powerful baths to the feet, and the fever which follows is to be treated like inflammatory fever. But there is a symptomatic inflammation of the brain or its membranes, with delirium, which is one of the most general symptoms, which is confined to no season, and happens indifferently in the bilious and other fevers. It is

more common in military hospitals than elsewhere, on account of the violence done to all fevers when the sick are carried in wagons from the camp to the hospital, where the very noise, or light alone would be sufficient, with more delicate natures, to raise a phrenzy. Dr. Rush has frequently seen this remark verified. The removal of patients in the first, or violent stage of all fevers, whether in wagons, coaches, or single horse chairs, often induces not only delirium, but precipitates death. A symptomatic phrenitis is to be treated by leeches, cups, and washing the soldier's hands and face with warm vinegar and water, with fomentations to the feet and cold to the head, ice-cap, etc. Blisters are not to be applied until after the acute symptoms have been relieved by depletion, etc. Dr. Rush recommends blisters to the limbs after the partial reduction of the morbid excitement of the brain.

Rheumatism—This is a most frequent disease, and one easily recognized in the beginning of a campaign. Dr. Stromeyer,* a surgeon of great distinction, who served on the general staff of the Royal Hanoverian army, during the Schleswig-Holstein war, from 1849 to 1851, divided rheumatism into the three following classes:

1. General acute rheumatism of joints.
2. Local rheumatism of joints.
3. Painful rheumatoid condition, without deposits capable of being pointed out.

"General acute rheumatism of joints, declares itself immediately after exposure; after a severe chill on guard, or after a forced march, fever and swelling of the joints come on so rapidly that the subject must be sent immediately to the hospital. The fever is absent in but few cases. Generally the ankles and knees are affected; one knee more severely than the other. The inflammatory process seldom subsides rapidly, but the disease is further developed. Dr. Stromeyer has found, as the rule, that infiltration takes place in the lungs—the indication being obtained by percussion. A fine mucous rattle is generally present, but not in every instance, rarely cough or dyspnœa. The finger-joints, wrists, and elbows are soon seized; then follow affections of the heart.

When cases are daily examined with care, the first evidence of diseased heart is a change of the rhythm of the motions of the organ from a prolongation of the first tone. Here the affection often stops; but if it be further developed, the endocardial rustling is heard. In patients treated early and promptly, as Stromeyer's generally were, pericarditis rarely ensues, and not till there is previously well marked endocarditis. Leeches give much more relief than bleeding. Affections of the brain never appeared among Dr. Stromeyer's cases. But a single death of a rheumatic patient occurred in five hundred and thirty-two instances of rheumatism."

Treatment.—In his experience, the cool treatment of rheumatism proved itself the most important principle of cure. Patients became worse, or were delayed in their recovery in exact proportion to their proximity to the stove. He was, by his success, gradually led to abolish the customary load of bed-clothes; and in summer, even to cover his patients with nothing but a linen sheet, unless, indeed, they asked for a blanket. This procedure had the happiest influence. Until he adopted it, he had frequently the regret to see patients who were admitted for a single affection of one joint become gradually involved, under every medication, in a general rheumatism, accompanied by fever.

Dr. Stromeyer has entirely relinquished general bleeding; not from the production of inconvenient debility by that means, but from observing its little utility. Leeches were found more useful than cups, from the long continuance of the bleeding; this was kept up by warm wet compresses. As leeches cannot always be had, the artificial leeches should be employed. Still he is far from wishing to restrict the use of cups. Leeches should be applied to the region of the heart as soon as the physical signs of endocarditis appear, without waiting for the occurrence of pain.

Dr. Stromeyer believes opium the only intrinsically effective internal medicine for rheumatism. He reduces the force of the pulse with nitrate and bi-carbonate of soda, and if the tongue be then moist and clean, immediately administers opium. If a deposit begin to form on the tongue, the nitrate of soda is laid aside, phosphoric acid given, and the use of the opium or morphia intermitted, until the tongue again becomes clean and moist. To avoid disappointing patients of their beloved "sleeping powder" they are furnished with pulvis sacchari. A quarter of a grain of the sulphate of morphia, once a day, is generally sufficient; sometimes this being given twice in the same period, but very rarely more frequently. Digi-

*Stromeyer's Maxims of Military Surgery, (abstract of Review,) North American Medico-Chirurgical Review, pp. 434, 438.

talis is greatly inferior; does not relieve the pain, and disturbs the stomach. Castor oil is used to regulate the bowels, and the diet adjusted according to the pulse. By the cool treatment the profuse sweats are avoided. These, he hopes "none will, at the present day, consider critical." Strong sudorifics should be entirely discarded, more especially during acute affections of the heart; a state of things which is not easy to alleviate with leeches and morphia. Calomel was given for this object, in doses of one grain every two hours, but seldom to a larger amount than twelve such doses.

Local Rheumatism of Joints.—These cases almost always have the form of inflammation of the synovial membrane, or dropsy of the joint, unless they are relapses, or second or later attacks in the same joint. They have generally the appearance of injury of joints from gymnastic exercises. They occur commonly in the knee. Sometimes the inflammation is very severe, and requires repeated local bleedings, the application of ice and the use of mercury to a considerable extent. Against the more chronic form, the principal resources were fomentations with vinegar and water, and sometimes blisters. The use of morphia for pain, and to procure sleep, should not be omitted. In all rheumatic affections of joints great care is necessary to obtain and preserve proper attitudes for the diseased member. The condition of "being rheumatic"—the pains and impediments to motion, which appear under the form of muscular rheumatism of single joints, or of the thorax, or in that of lumbago or sciatica, were more generally reflex phenomena from the large bowels, which were at the time laboring under a catarrhal affection, and loaded with masses of hardened fæces, hard masses were felt on palpation on the surface of the abdomen, and the patients were relieved when these were evacuated. This, however, was not always the case; and the exceptions were mostly treated with a little morphia, and by warm fomentations with cloths wet with a decoction of flaxseed. Sometimes warm baths were used; and in a few obstinate cases, iodide of potassium, oil of turpentine, or corrosive sublimate.

Land Scurvy.—This form of disease will be found among troops who suffer from the want of fresh meat, good flour or bread, and vegetable food in its natural state. The blood becomes depraved and the system debilitated, with a tendency to hemorrhage and a low form of inflammation in various parts of the body.

But little medical treatment is required in this disease. Great cleanliness, diet of sour krout, spinage, celery, garlic, onions, carrots, and potatoes. According to experiments made in the Milbank Penitentiary, by the use of this latter vegetable, the physician in charge succeeded in banishing the disease from it. One of the best applications to the gums is the nitrate of silver or sulphate of copper. A gentle laxative should be given to keep the bowels open.

In the recent report of the sickness and mortrlity among the United States troops, it is stated, on the authority of Assistant-Surgeon E. W. Johns, that "even vegetable matter, restricted to one form, may not prevent scurvy, as was the case amongst the lime groves at Fort Dallas, Florida, where the parade was covered with lemon, lime, and orange trees. With reference to this case, however, as well as his recollection now serves him, the troops at Fort Dallas were without fresh beef, and the flour was bad.

Potash, he also observes, and citric acid, in his experience of several years in Texas, had not the slightest value. He believes that the greatest developing cause, in the case of the soldier, is guard-duty at night.

It was found by Dr. John J. Gaensten, while on duty at Camp Cooper, on the Clear Fork of the Brazos, that "in the absence of such anti-scorbutics as the army is usually supplied with, a remedy, free of cost, was found close by in abundance. The young and tender shoots of phytolacca, and of the various species of rumex were recommended, and when prepared, were freely eaten; one patient, unable either to walk or to discern objects, on the free use of the articles mentioned, was returned for duty in four weeks."

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Agreeably to the plan of organization adopted by the War Department, for the volunteer forces called into the service of the United States, the President, by and with the advice and consent of the Senate, appoints one surgeon for each brigade. The Secretary of War has, therefore instructed the Surgeon-General to convene in Washington immediately, an Army Medical Board, whose duty it is to be, to examine all persons referred to it by the department, as applicants for brigade surgeons, and report the result of such examinations. Appointments will be made only from among those who shall be so examined, and reported by the board as qualified.

Medical Societies.

BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting, May 28, 1861.

Dr. Daniel Ayres, President.

DR. HOMBERGER'S

Case of Fatty Degeneration of the Retina; Consequent Amblyopia; Diagnosis of Bright's Disease by the Ophthalmoscope.

The following case was related by Dr. Homberger, the ophthalmic surgeon of the Brooklyn Medical and Surgical Institute:

A young man, about twenty years of age, called upon him with a complaint of his vision, which had signally failed him for the previous fourteen days. He could hardly read No. 14 of Professor Jaeger's Scale. The general health of the patient seemed to be undisturbed, although he looked rather pale and anæmic. He denied having ever been affected with syphilis.

The eyes looked normal: the iris responded promptly to light. On using the ophthalmoscope, Dr. Homberger observed crystaline lens and vitreous body perfectly transparent. The papilla of the optic nerve and the central vessels were likewise intact; but, in the neighborhood of the former, he had discovered, with the ophthalmoscope, some pale maculæ, which seemed to be in the substance of the retina. In the absence of any affection of the choroideal membrane, he had at once suspected a genuine fatty degeneration of the retina not unlikely connected with an incipient renal disease, and had consequently requested the patient to bring some of his urine at the next visit.

A few days after, the patient had called again, but forgot to preserve urine. On examination of the eyes, he had noticed two changes in the appearance of the spots at the retina. In the first place, they had grown in size, and in the other they had strongly refracted the light, which had more strengthened his diagnosis. Dr. Homberger had thus inquired into the symptoms of Bright's disease, but elicited only negative answers. He had had a third opportunity of examining the same patient, and still more confirmed his views as to the fatty degeneration of the retina, and then had lost sight of him. On that occasion he employed a strong solution of atropine upon one eye only, and succeeded in largely dilating the pupil. From an optician he had heard that the patient had, after a few hours' illness, suddenly died, and he had reason to believe that the case of "sudden death from unsuspected Bright's disease," related by Dr. Alonzo Clark at the meeting of the New York Pathological Society, on the 27th of March, was the same he had mentioned.

In correction and completion of the report on that case, he could say, first, that he certainly had suspected renal disease, from the primitive fatty degeneration of the retina; second, that ambliopia, when occurring in connection with Bright's disease, rested on that cause, as repeatedly demonstrated by Professor Von Graefe; third, that amblyopia occasionally indicated the incipient stage of Bright's disease, more especially when caused by fatty degeneration; fourth, that the ophthalmoscope was a most serviceable auxiliary in the diagnosis of Bright's disease; and fifth, that the dilatation of one of the pupils, so unaccountable to the gentleman in charge of the case, had been artificially produced by the alkoloid of belladonna.

EDITORIAL DEPARTMENT.

PERISCOPE.

CHLORATE OF POTASH IN PHTHISIS.

A correspondent of the London *Medical Times and Gazette* corroborates the opinion formed by Dr. Fountain, in favor of large doses of chlorate of potash in phthisis. He has given, during the last two years, a strong solution of this salt—one ounce to three pints of boiling water—almost *ad libitum*, in tubercular affections. Since the end of 1859, he has combined the salt with sugar—three or four ounces of the former to a like number of pounds of the latter. Of twenty cases treated in this method, only one proved fatal. In one the disease had reached the third stage, and the patient is described as having "but one lung left." In another there was extensive solidification of the upper part of both lungs, with hemoptysis, and all the other symptoms of rapidly advancing disease, with softening. The writer proposes to give his theory of the *modus operandi* of the remedies at some future time.

Dr. Druitt, in the same journal, mentions in commendatory terms, the use of the "essence of beef," as a partial substitute for brandy, in the treatment of the consequences of hemorrhage, and other states of exhaustion incidental to the puerperal state, especially in the after stages, when the brain is suffering from anemia, and the patient complains of headache, giddiness, and despondency, more especially in the early part of the day. Its effect is that of a stimulant, but in a slighter degree than brandy, and without any of the injurious effects of the latter. The formula for its preparation may be found in the "Surgeons' Vade Mecum." It is given in table spoonful doses, flavored with some aromatic. Dr. Druitt also regards it as a capital remedy in dyspepsia, infinitely preferable to pepsin, and as a valuable nutritive stimulant for "that hopeless disease called old age."

EXCISION OF THE HEAD OF THE FEMUR.

Prof. Andrews, in the *Chicago Medical Examiner*, reports a case of excision of the head of the femur, in a patient of ten years of age. The head of the bone was carious, denuded of cartilage, and lay with its rough, burr-like surface in contact with the flesh on all sides. Ten days after the operation, the patient was doing remarkably well. He also gives the details of a case of *fistula in ano*, which "opened upon the outer side of the thigh;" the "only instance," he observes, "which I ever heard of." The patient was a little girl, of twelve years, and appeared at the surgical ward in the third stage of hip disease. The limb was shortened, and a free discharge of pus was exhausting the patient. After excising the head of the femur, which afforded great relief from pain, and diminished very much the suppuration, it was ascertained that the patient was daily passing flatus from the external wound, which, for eight months, refused to heal. To remedy this, the professor observes, I passed a probe up the fistula as far as the ischium, and, feeling for it through the skin, cut down upon it. Withdrawing the probe, I inserted at the wound a blunt-pointed bistoury, carrying it along the fistula until I received the end of it on my finger in the rectum. I then divided the sphincter in the *usual* method.

STATISTICS OF TRACHEOTOMY IN CROUP.

Dr. Fock has recorded forty-three instances of the performance of tracheotomy in the town of Madgeburg. Of these, eighteen resulted successfully, and twenty-five died. This is a success of 41.8 per cent. The average of success in Trousseau's cases in Paris was 27 per cent. In Dr. Fock's own practice, of sixteen cases, eight recovered and eight died.

Dr. Kursak, in *L'Union Medicale*, concludes from numerous experiments on dogs and rabbits, that the prompt exhibition of tannin is the safest and most efficient remedy for poisoning by strychnia. The dose of the remedy should be about two drachms to every grain of the strychnia swallowed.

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The London correspondent of the *Leeds* (Eng.) *Mercury* mentions the curious invention of white gunpowder. It is composed of yellow prussiate of potassa, chloride of potassium, loaf sugar, crystalized sugar, and brimstone. In quality, it is superior to black powder, being quicker and more powerful in its action, and is without unpleasant smell.

Insanity is on the increase in the eastern counties of England. In six years the increase has been 140 in the Essex County Asylum.

REVIEWS AND BOOK NOTICES.

The Physician's Pocket Dose and Symptom Book. By Joseph H. Wythes, A.M., M.D.: Third Edition. Philadelphia: Lindsay and Blakiston, 1861.

This little volume is a very convenient manual for the daily practitioner, giving him in very concise form the "uses and doses, etc." of all the principle medicines of the materia medica. A chapter is devoted to "dietetic preparations," one to "symptomatology," one to "general pathology and therapeutics," and one to "poisons and antidotes."

Another Letter to a Young Physician, to which are appended some other medical papers. By James Jackson, M.D. Boston: Ticknor and Fields, Publishers, 1861.

Anything from the pen of Dr. Jackson, a veteran in the ranks of the medical profession, is read with interest and instruction. The subject of the present letter is "the utility of medicine," and the best evidence of our appreciation of the ideas he expresses will be found in the extracts we propose to make from it for the columns of the Reporter. Besides the "Letter," there are several articles added in the form of "Notes," which give the volume somewhat of a local as well as a general interest. There is also appended a "memoir on the last sickness of General Washington," which is valuable.

Godey's Lady's Book for July.—This popular monthly so well known and so highly appreciated by all the ladies of the land, was promptly laid upon our table this week. As usual, it is ahead of its cotemporaries.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 22, 1861.

MILITARY SURGEONS.

A writer, in the Boston *Medical and Surgical Journal*, makes the following very appropriate remarks, relative to the duty of military surgeons:

"Surgeons ought to have more to say, and all that is to be said on the locality of camps, and ought to inspect, personally, all sanitary arrangements, in respect to cooking, tents, personal cleanliness, and apparel; then we should hear less of dysentery, pneumonia, rheumatism, sun-stroke, and typhoid diseases, and a military hospital would cease to be a pest house or a black hole, which many enter but which few leave."

There is too much cause for the complaint

that our army surgeons are *only* surgeons. They can dress a wound or amputate a limb in the most approved method known to surgical science. They should also be well instructed practitioners of medicine, and no man should receive an appointment as surgeon or assistant who is not a good pathologist and a competent therapeutist. But few, compared with the large numbers engaged in war, are wounded. But few of the minor operations of surgery, the ligature of arteries or dressing of fractures, are required to be performed. Fevers, pneumonia, dysentery, are far more common, and tax the skill of the surgeon more constantly. Those who have carefully read the medical records of the Crimean and Italian campaigns, to say nothing of wars in our own country, cannot fail to have observed this. The cases of disease are in the proportion of ten to one of the operations of surgery, and hence we insist that medical qualifications shall not be overlooked. To possess eminent surgical knowledge is well. We would not have the standard lowered one iota; but we would require, in addition, thorough pathological knowledge and clinical experience,—nay, we would regard these as a *sine qua non*, for, in our opinion, no man can be a good surgeon, unless he be at the same time a good physician. He may be an elegant operator, and amputate a limb scientifically; but this is merely mechanical knowledge. These qualifications do not make the surgeon. They are, or should be, merely the outward exhibitions of his deep research into all the labyrinths of the human system; necessary, but not absolutely essential to qualify him for the proper performance of the arduous and responsible duties he undertakes to perform. The surgeon must come in contact with *disease* in the army. Should he not be prepared to meet it? If so, should not his qualifications in this regard be carefully scrutinized, and should not the man who, confessedly, has little or no therapeutical or clinical experience, be rejected as unqualified for the post of surgeon. Our brave volunteers have gone forth from all parts of our land in defence of the constitution and the laws. We aim to give them, to bind up their wounds, if it be their destiny to receive them, to amputate or dress their fractured limbs, if any should unfortunately require it, the best surgical skill our country affords. Shall we not, also, give them equal skill to heal or mitigate those other more numerous casualties, to which they are far more subject? And then, again, the surgeon should not only be a good physician, but his moral standing should be high; above all, he should be entirely free from habits of intoxication. In this connection, we take occasion to express our gratification that the Board of Surgeons, selected to examine candidates for appointment as surgeons for the volunteer forces from this State, have decided that such habits are an insuperable bar against recommendation, outweighing, in their opinion, the most complete surgical attainments. Under such a decision by all our examining boards, and with the imperative requirement of thorough medical as well as surgical acquirements, the best talent of the medical profession will be, as it should be, at the service of those who volunteer to defend their country in this great crisis. Those surgeons who are taken from civil life, so to speak, who, though they may not be able to answer the usual routine of questions, in an examination, so readily as he who has made surgery a speciality of his life, yet who have studied therapeutics at the bed-side of the patient, and thus are thoroughly qualified to prescribe the appropriate remedy for existing disease—these, we say, are the men who will not only distinguish themselves as surgeons and as physicians, in military life, but will render the sick or wounded soldier that efficient aid he so much needs in his extremity. There may not be so much bluster in their movements; the earth may not "become feverous and shake" at the tramp of their military step; the boys in the street may not stand gaping with wonder at the dazzling splendor of their gorgeous trappings; but their approach to the fallen soldier, as he writhes in agony from his wound, or turns from side to side to gain a moment's respite from a raging fever, will be hailed as messengers bringing joyful news. The eye will sparkle with delight, and the feverish lips will utter a blessing. And these are the surgeons who are wanted in our armies; men who are competent to appreciate the effects of sudden

changes of habit and of diet, the influence of different physical agents on constitutions unaccustomed to camp life, and provide against their ill effects; men who are qualified to superintend the entire sanitary arrangements, and to indicate the means by which the health of the army may be preserved.

Let such be the character of all our army surgeons and assistants, and the day foreshadowed by the writer from whom we quote above, will have dawned in reality, "when a military hospital will cease to be a pest-house or a black-hole, which many enter but which few leave."

FREQUENT ABLUTIONS.

At his clinic, on Wednesday of this week, at the Jefferson Medical College, Prof. Gross made some very happy remarks upon the importance of frequent ablutions with Castile soap, or salt and water, in order to maintain the proper tone and vigor of the skin. In certain diseases, he had accomplished more by this simple sanitary direction than by medical treatment. It operated as a stimulant to the surface, invigorating and enlivening the whole system, and ought to be practiced both morning and evening. The suggestions of the Prof. were timely and appropriate, and should be universally heeded, especially when the appliances for accomplishing so desirable an end are so constantly at hand. And yet caution is necessary that ablution be not continued too long, or under unfavorable conditions of the system. It should neither be practiced when the body is overheated, nor yet should it be continued to the extent of producing chills. The morning is the most favorable time. It should be done quickly, and followed by rapid rubbing with the towel or brush, till the glow upon the surface indicates decided reaction. But as a potent remedy in morbid conditions of the system, we are satisfied that sufficient attention is not paid to it by physicians in general. We may recur to this subject again. Meanwhile, we direct the attention of our readers to an interesting article upon water, commenced in our issue of this week.

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The municipal authorities of St. Petersburgh, Russia, have determined to found a new hospital for poor artisans. It is to be called the Alexander Hospital.

Correspondence.

LETTER FROM FORTRESS MONROE.

Camp Hamilton, near Fortress Monroe, Va., June 12, 1861.

Messrs. Editors:—Since the arrival of our regiment here, we have been busily employed caring for the sick and trying to perfect our arrangements to provide for the wounded. All of the camps have suffered somewhat from bowel affections incident to so great a change in diet and habits; very few becoming serious, however. Contagious diseases, we are happily thus far exempt from. Several severe cases of *pneumonia* and *pleurisy* have occurred among the troops, and, since the weather has become very warm, a number have suffered from coup de soliel. On the tenth instant, several regiments were marched ten miles toward Yorktown, and, while on the march, one regiment came upon another, mistook them for enemies, and gave them a volley, wounding quite a number. The force afterward came upon a battery of the enemy, and were stopped, killing several and wounding twelve or fifteen. The battery commanded the approaches for half a mile, and all the buildings in the vicinity were in range of the guns; nevertheless, they were occupied as temporary hospitals, and such relief as could be afforded them was there rendered by the respective surgeons of the regiments engaged. We felt sadly in need of instruments—most of us having only a dressing-case. The department states that we shall be furnished with the necessary instruments; one amputating-case and one pocket-case are not sufficient for a regiment, and these are all that is furnished to us, not including so necessary an instrument as a catheter or a bougie—no silver wire or suture pins.

Dr. Cuyler, the medical director of this district, would be very glad to furnish us, but he has no supplies. I supposed, when I entered upon this service, that there was some such thing as ambulance used in war; but such a luxury is not known here—at least we are not provided with any thing more than a hand-litter. We were obliged the other day to impress into our service the dilapidated carts and donkies by the way, and in such rude manner drag at a snail's pace our wounded, under a burning sun, ten miles back to Hampton, where those badly hurt were put on boats and taken round to the general hospital, established by Dr. Cuyler outside the fort for the volunteer forces. This establishment is extensive and well-arranged, and, when furnished complete, will accommodate five hundred patients. The building was formerly the hotel at Point Comfort. I was present yesterday while Dr. Cuyler was dressing a very interesting case—that of a man with compound fracture of the femur at the

trochanter, the grape-shot entering in front and escaping at the post-gluteal region. The doctor was attempting to save him from the terrible alternative of amputation at the hip-joint. Others were wounded as follows:—One with a compound fracture in the middle third of the thigh, put up and dressed as for ordinary fracture; one suffered amputation of the fore-arm and one of the arm near the elbow on the field of battle; one shot through the lower part of abdomen; one shot through the axilla, one in the epigastrium, and one in the back, penetrating the chest, were seemingly doing well. I expect, in a few days, to have a better opportunity for observation. It is presumed that this is not the last battery we shall encounter on our road to Richmond. When I have an opportunity, I will write more fully.

Yours truly,

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Albany Military Hospital, June 1861.

Messrs. Editors:—I send you herewith a copy of my report as surgeon of the military hospital at this place, to the Surgeon-General of New York, for the month ending May 31st. During this month there have been five hundred and eighty-six patients treated; the number of diseases being larger than the number of patients, owing to the development of secondary and tertiary diseases, as pneumonia following diphtheria. We have received several with two diseases, as gonorrhœa and rubeola, vaccina and rubeola. [Both in distinct progress at the same time?] A large proportion of those admitted were greatly prostrated, and required stimulants immediately. In no instance has depletion been employed to any extent. In pneumonia, of which there has been twenty-six cases, our principal treatment has been sponging the surface; spts. mindereri and morphine internally; blisters from the commencement, also stimulus and nourishing diet. Of rubeola, or measles, there have been treated one hundred and two cases, there being sixty in the hospital at a time. The greater number of these cases have been of a malignant character, accompanied by very severe sore throat, having a diphtheric appearance. The expectoration has been very profuse having the appearance of pus. The desquamation resembled that which takes place in scarlatina. In many of them pneumonia supervened; and in all there were more or less typhoid symptoms. In all, stimulants hastened the convalescence. Some of the sour wines, such as champaigne, cherry, madeira, etc., when given cold, or with ice, were retained by the stomach, when every other drink, stimulus, or medicine was rejected.

During the month there were treated one hundred and twenty-two cases of typhoid diphtheria, some of which were complicated with pneumonia, while only one proved fatal. He was unable to take and retain much stimulus, or food, and hence died on the third day, exhausted. The treatment generally adopted from the commencement, even though the skin was hot and dry, was muriate tinct. of iron f. ʒi., muriatic acid f. ʒ ss., water 0j.; this is to be taken at intervals of a half hour, or hour, in ʒss. doses, or, in other words as an acidulated drink.

The common drink is made of some demulcent, and acidulated with some vegetable acid; such as lemon juice. Citric acid is a good one. I allow orange-juice *ad libitum*. I give milk punch, wine whey, beer, or any form of nourishing stimulus most palatable to the patient, while I never lose sight of the *grand desideratum; sustenance and stimulation*—without which, many will die from a blood-poison; die, while apparently convalescing and out of danger. Several I know did so die while reclining upon the sofa, even when the physicians and friends were congratulating themselves upon the successful termination of the disease. This treatment I have found more successful than any other.

I am fully satisfied that all local applications to the throat of caustics, including tinct. of iron, tinct. of iodine and kreosote, whether applied with a brush, sponge or swab, are worse than useless, and more especially in children, where the struggling is considerable, and the corresponding loss of strength proportionate; while in the adult it is, to say the least, troublesome, annoying, exhausting, and irritating.

Gargles, however, are not so objectionable, and particularly in the adult; the best of which seem to me to be those which contain chlorine in some form—say chlorate potash, soda, iron, etc., while in the child I depend entirely upon the acid drink, rendered palatable by sugar; and for food, either milk punch, wine whey, or essence of beef. Fruits which contain vegetable acid in any appreciable amount; and especially those which do not abound in too much vegetable fibre, are not only palatable, but absolutely medicinal. I think, from observation, that quinine is of no advantage, and hence is injurious; its bitterness is an especial objection to its use in children.

Prof. Alonzo Clark, (who has so ably discussed this matter in the *American Medical Times*, during the past winter,) has evidently not been conversant with the form of disease which has prevailed so alarmingly in this city for some years. When time permits, I will endeavor to show wherein his observations differ from those made upon the disease in this locality.

John Swinburne.

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Dr. Tagliabo has just died at Rome.

Messrs. Editors:—Will you allow me to say a few words to the profession in behalf of medical journals?

The published lists of receipts of three medical journals, which it is my privilege to take, have shown a very great falling off from those of any other three months for the year previous. Various causes may combine to effect this; the war, and the consequent stagnation of trade, and the scarcity of money, are doubtless the principal reasons. So far as northern, eastern, and western journals are concerned, the non-intercourse of these sections with the south must materially limit their circulation. Among all the agencies which are at work for the advancement of medical science, none can claim a higher rank than medical journals. These give from week to week, and month to month, the experience of the best minds in the land on every question which can interest a medical man. They are so full of eminently practical matter, that no one accustomed to their perusal can afford to do without them. They have not, like the literary papers, a promiscuous public to sustain them, but are confined to professional men for their support. It is estimated that in the United States there are about forty-two thousand physicians; probably, it would be safe to say that one-third of these are in the Southern States, leaving only twenty-eight thousand to support all the medical journals. It is safe to say that one-fourth of these, or seven thousand, take no medical journals, leaving the meagre number of twenty-one thousand supporters. Let this small number be much decreased, and it is obvious, either that the publication of these papers must stop, or they must so economize, as to make their pages of less value than they otherwise would be, and neither of these things can be afforded by the profession. Medical journals must sustain and maintain themselves, for no one can or will long publish a paper at a loss. Let no physician think of stopping his medical journals because of hard times. No one feels them more than I do, but I had rather wear an old coat, and a "shocking bad hat," than do without my weekly and monthly journals. As to the advantages derived from well-conducted journals, I will give my own experience, and, no doubt, it coincides with that of very many others. I have taken journals for sixteen years, and have full files of them bound. These form a complete encyclopædia of medical science, and so eminently practical are most of the articles, that they are easily retained in the memory, so that on almost any point of interest which may arise, I can turn at once to these volumes, and find the views of the best medical minds in the world. On looking back through these years, I can see that more advance has been made than in any other like term of years which has past. This advance, I ascribe mainly, to the influence of the medical journals. As I have said so much of *myself*, I will only subscribe myself

A Lover of Medical Journals.

FOREIGN CORRESPONDENCE.

MEDICAL EDUCATION IN SPAIN AND THE ROMAN STATES CONTRASTED.

Rome, May 27, 1861.

Messrs. Editors:—I have been struck with a very remarkable feature of distinction between medical education in Spain and in the Roman States. In the former, a license to practice is given in many colleges; but, to receive the degree of Doctor, it is necessary to study an additional year in Madrid. In the latter, the degree of Doctor is given first; but, for a license to practice, or the degree of Dr. Practitioner, it is necessary to study *two* years more in a hospital, either in Rome or Bologna. The first degree can be conferred in any one of the four colleges in the Roman States. Such is the law; but now it is modified by circumstances, for, as is well known to your readers, that part of the papal territory in which Bologna is situated is in a state of armed rebellion against the mild and paternal rule of his holiness, and has by a so-called vote of the people (in which, however, well-affected citizens were overawed and prevented from expressing their sentiments) declared itself a foreign nation. You perceive that I am careful to write in an orthodox manner, as otherwise this letter might have for its destination the fire-place of the chief of police instead of your desk. The period of study required for the degree of Doctor, either in theology, law, the sciences, or medicine and surgery, is four years, and, before commencing studies in any of these branches, and previous to his admission, the applicant must be eighteen years old, and pass an examination on the Elements of Philosophy.

I have been informed of the course of studies pursued in medicine, which is the following:

First year, Anatomy, Chemistry, and Botany; second year, Legal Medicine, (the rest of this year I forget;) third year, Theory and Practice, Materia Medica, and Legal Medicine again; fourth year, Theory and Practice and Materia Medica, with Pharmaceutical Preparations.

This is an incomplete list; but, as far as it goes, it is correct, and it shows that they have here adopted the plan of progressive study, in contradistinction to that which exists with us at home.

At the end of the course of study, an examination takes place by eight physicians and six surgeons, which consists of six questions. Besides this, a Latin thesis must be presented. The total cost of study in this institution, on

any branch for the four years, is $80, including the fees for matriculation and graduation. The pay which the professors receive from the government is about in proportion, being the enormous sum of $25 a month. Each professor is, of course, obliged to work for his living in other ways—the physician, by practice, and some of the other professors by giving private lessons on the subjects they teach in the college.

The University is a very fine and substantial building, and, of course, the church connected with it is the finest and most substantial part of it; it is all built of travestin and around a court-yard. The cabinet of mineralogy is the finest in Italy; a very remarkable feature of it is the collection of marble; also, some beautiful specimens of petrified wood.

The botanic garden, which I visited the other day is well worthy of a visit. It is now arranged according to the natural system although this has only very recently been done, as only four or five years ago it was arranged according to the system of Linnæus. The plants are all labeled, but not with their names; instead of that, they are numbered like pictures in a museum, and the student has to go about with a catalogue in his hand, and study out in that manner the names and properties. There are several small green-houses; but the climate of Rome does not require any shelter for many plants which would, with us, have to be guarded in the winter season. Here palm-trees grow in the open air.

The last place worthy of notice which I have visited for its professional interest is the site of the Temple of Æsculapius. There is a church now standing there; but part of the foundations of the ancient building are remaining, and here the form of a boat is visible, with the symbolical serpent still there. In the church is shown a well, which is said to be one which existed in the old temple.

Hoping soon to be able to describe to you some of the institutions of Northern Italy,

I remain very truly yours,

M. D. Abroad.

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Pus Cells in the Atmosphere.—In the Orphan Asylum near Prague, an epidemic of purulent ophthalmia lately broke out, and 92 children out of 200 were attacked. Upon examination of the air with Pouchet's aëroscope, in a ward where lay many of the children affected with it, a large number of pus cells were found. The cells were noticed upon the instrument immediately the air was made to pass through the apparatus. The Medical Society of Vienna appointed a committee to investigate the facts.

Clement A. Finlay, M.D., has been lately promoted to the rank of Surgeon-General of the Army. He now stands at the head of surgeons ranking with Colonels. Dr. Finlay is a native of Ohio, and has gained this promotion after thirty years' service.

NEWS AND MISCELLANY.

The Pennsylvania Hospital.—The annual report of this institution, we observe, has been received by the *Press*, (we have not seen it,) and we avail ourselves of its abstract, as follows:

A sum of five hundred dollars has been placed in the hands of one of the managers to assist in the relief and support in that institution of such as may be sufferers by the war. If not needed for that purpose it is to be appropriated to a fund for enlarging the lecture room.

At the time of the last report there were remaining in the institution one hundred and sixty patients; admitted during the year eighteen hundred and forty-two—of whom thirteen hundred and three were recent accident and other surgical cases, and six hundred and ninety-nine were medical cases. Total under treatment during the year, two thousand and two. Of these, six hundred and ninety-seven were pay, and thirteen hundred and five were poor patients. The total number who have received the benefits of this department of the institution since its founding, is sixty-eight thousand five hundred and forty-two (68,542.)

Notwithstanding the great increase of facilities in the department for the insane at Blockley, under Dr. Kirkbride, the accommodations are still insufficient for the large number of persons who apply for admission into the institution.

During the year 475 insane patients were under treatment; 214 were females and 276 were males; 376 were pay patients and 103 were poor; 3,636 is the total number of insane patients admitted to this department since its removal to Blockley in 1841.

There has been expended in the buildings and wall, enclosing fifty acres of pleasure ground, the machinery for supplying water, warming, and ventilation; the laundry, stable, and other outbuildings; the improvement of the grounds, and furnishing the wards of the departments for males, $352,111 51, of which amount there has been received from contributors $320,541 33, and interest from temporary investments, $8,277 72, leaving upwards of $24,000 yet to be provided; in addition to which we shall be dependent on the liberality of our friends for $35,000, to meet the cost of the repairs and improvements at the department for females.

The total expenditures of the medical department (the old hospital at Eighth and Pine streets) for the year were $35,754 16. The receipts for the same period were $35,845 72. The expenditures of the female department of the insane department were $49,625 90. The receipts were $52,255 84. The expenditures of the male insane department were $58,255 96. The receipts were $58,843 68.

Of 1,842 surgical and medical cases admitted to the hospital during the year, but 814 were

born in the United States; 628 were born in Ireland; 106 were natives of England, and 112 were Germans.

The number of patients received into the hospital for the last ten years is as follows: From the United States, 6,390; Ireland, 7,819; other countries, 3,217.

Turkey, from a Medical Point of View.—Dr. W. Goodell, the correspondent of the Ohio *Medical and Surgical Journal*, thus gives a view of medicinal empiricism in Turkey:—"The empirics form the vast majority of the medical body, each of whom devotes himself to a speciality, which is hereditary in the family; the father initiating his sons in the mysteries of his craft, and transmitting to his heirs all the secrets appertaining to it. Fractures and dislocations, genito-urinary diseases, hernias, jaundice, epilepsy, etc., are the monopolies of as many different families. The Jews and barbers, who bleed, cup, leech, and extract teeth in addition to their tonsorial duties, are the only general practitioners. They dabble with herbs and simples in the incipient stage of every disease, until alarmed friends apply either to the European physician or empirical specialist; although, as a general rule, the former is considered the dernier resort, and gains the credit either of the death or the cure. The specialists resort to the most ingenious shifts to inspire confidence in their patients and to disguise their remedies. One gray-bearded, green-turbaned sinner rejoices in being the first oculist of Constantinople. Seated in his box of an office, six feet square, in the most crowded portion of the bazaars, and where every passer by can witness all proceedings, he prefaces each operation with a long prayer, and administers extreme unction to the golden needle with which he depresses the lens. In connection with this subject, let us not forget a nomadic family of veterinary oculists, who have astonished the intelligent European residents by their success in operating on the cataract of the horse. Arming a curved needle with a stout thread, saturated in some secret liquid, and muttering some unintelligible words, they pass it completely through the lens, leaving the ligature to act as a seton for several hours. We have been assured by many gentlemen, who witnessed this operation in their own stables, that the results were most gratifying.

To appreciate the tricks of those jugglers who deal in spells, some knowledge of the composition of Turkish ink will be necessary. The coloring substance is lampblack, which is thickened and rendered adhesive by gum-arabic. The paper employed is thick and enameled; hence, the characters formed by so viscid a fluid do not readily dry, and every Eastern scribe resorts, by necessity as well as by taste to highly-colored sands, the most popular of which are brass-filings and fragments of gold-leaf, thickly sprinkled on, and afterward polished with the smooth convexity of the cypræa. Now the toothache is successfully consigned to the skill of Mohammedan priests, who circumscribe the seat of pain by a circle drawn in ink, saturated most probably with morphine; within this circumference cabalistic characters are traced, which are eventually to be washed off and swallowed. To the great scandal of the profession in Smyrna, all obstinate cases of intermittent fever, which resisted a regular treatment, resorted successfully to the den of an old *dervish*, a sort of Mahommedan monk, who professed to deal in nothing but incantation. Curious to unfold the mystery, a gentleman, assuming a most unmitigated ague, consulted this pious quack, who, after gravely chanting some stanzas from the Koran, wrote down some well-sanded extracts, from the same holy authority, upon separate slips of paper; ordering each to be placed in a vessel of water over night, and the contents to be drank during the day. It is needless to add that, upon chemical analysis, the sand of our medical caligraphist was found to consist of pure arsenic. In like manner fumigations of cinnabar, and of other mercurial preparations, are adroitly administered under the guise of a voluminous prayer or prolonged invocations. This is a valuable hint which we throw out gratuitously for the consideration of our more etherial brethren. To the Ozena of the spiritualist or to a recalcitrant node, how efficacious might prove a long message from the shade of the departed Galen, or the ghostly communication from some defunct Ricord!

Another class of empirics, ignoring a religious character, sneer at the divine afflatus, and in their prescriptions confine themselves to whatever is studiedly loathsome. In one case of an enormous cancer of the hip, we found our patient swallowing boluses, whose ingredients somewhat plagiarized the witches' broth in Macbeth, and were as follows:

Powdered human skull;
Powdered dog's heart;
Dried camel's dung;
Powdered cones of the funereal cypress;
Crude antimony;
Urina virginæ. Q. s.

By the way, this last named rare and precious elixir enjoys a high reputation for curing inflamed eyes, and is as intrepidly taken internally for all hepatic complaints as Congress or Seltzer water. But to return to our patient; on alternate days, the palpitating bodies of ground-rats, eviscerated while alive, and frogs reduced to a pulp in a mortar, were faithfully applied as poultices. In a scientific point of view, this case presented an unusual feature of interest, which we have only observed in one other person, who was dying from hepatic and uterine

cancer. A few weeks before death, the whole system seemed so impregnated with the malignant virus, that there appeared all over the body hundreds of tumors, from the size of a shot to that of a large walnut, resembling scirrhus in hardness and rugosity.

Next come a numerous body of vernal quacks, who, indulgent to popular prejudices, order a venesection in the spring of the year, and prescribe purges and decoctions of frogs and snakes, to eliminate all peccant elements, which appear to hibernate like beasts of prey in high latitudes. Upon the approach of Lent, they also play an important part, by granting plenary indulgence in the good things of this life to such natives as are carnally minded, or have a heretic antipathy to a leguminous diet."

Is Diphtheria Contagious?—Among the cases mentioned in which physicians have contracted this disease from attendance upon patients affected with it, we notice that of M. Gendron, of Chateau du Loire, France, who received the diphtheric exudations in his face and mouth, while performing the operation of tracheotomy on a patient under his care. In all the cases mentioned, actual contact of the exudation with some abraded surface, or surface peculiarly susceptible to the poisonous action, seems to have actually taken place. The peculiar aroma of the disease does not seem to be sufficient to produce it in the attendants. If it be contagious why should all escape it but the attending or operating physician?

A court in France has lately decided that a person who makes a diagnosis, or treats a patient in a mesmeric trance, is not an impostor. We would be pleased to have the same court decide to what category of animals or things such persons do belong, if not to that of "imposters." The court bases its decision upon the ground that "the inefficacy of such a diagnosis has not been scientifically proven." Would its "efficacy," in a given case, elevate such diagnosis to the dignity of being scientific?

The number of physicians in the United States is, according to the *Nashville Medical Journal*, 40,481. In Massachusetts there is one to 605 inhabitants; in New York, one to 611; in Pennsylvania, one to 561; in North Carolina, one to 802; in Ohio, one to 465; in Maine, one to 884; in California, one to 860; and we know of one village in Vermont where there is one to about each 100 inhabitants.

The Queens County Medical Society give expression to their feelings of loyalty and devotion to the Federal Union, by declaring their readiness to bestow their services gratuitously, when needed, upon the families of those who have enlisted for the war. At the present rate of enlistment, will not such services form a considerable portion of the business of the practitioner?

On a Method of Obtaining Homogeneous Light of Great Intensity.—As it is a desideratum in optical science to procure *perfectly* homogeneous light of sufficient brightness for many important experiments, I am glad to be able to communicate a method which, in a satisfactory manner, supplies that deficiency. It is only requisite to place a lump of common salt upon the wick of a spirit-lamp and to direct a stream of oxygen gas from a blowpipe upon the salt. The light emitted is quite homogeneous and of dazzling brightness. If, instead of common salt, we use the various salts of strontium, barytes, etc., we obtain the well-known colored flames which are characteristic of those substances with far more brilliancy than by any other method with which I am aquainted.—*Mr. H. F. Talbot in Chemical News.*

The Medical Times states authoritatively that the *New York Tribune* is to receive $31,000 for one year's insertion of a quack advertisement in all its issues. And for this enormous expenditure, the proprietors of the quackery thus advertised will reap a rich and abundant harvest. The medicine, if it can be dignified by that name, will be swallowed with peculiar gusto by the people, and if no good results follow from its use, as probably there will not,—no matter, the fool and his money have parted company. What cares the seller?

Wooden Leg-acy.—The late I. N. Bowditch, of Boston, among other bequests, left to the Massachusetts General Hospital $5,000, as a fund, to be called the "wooden leg fund," the income to be applied toward defraying the expenses of wooden legs for patients who have been obliged to submit to amputation. In the distribution of this income, he desires that female patients should be preferred to males, and young patients to old ones.

Dr. Shroop, of Chambersburg, writes to friends in this city, that the soldiers, who are sick in the hospital at that place, are, in many cases, entirely destitute of the commonest articles of wearing apparel, such as shirts and stockings. Donations of such articles, together with sheets and bed covers, are needed and requested. It is truly pitiful that the kindness of friends should supply the poor soldier with every thing else save that, which in the hour of his utmost distress, from wounds or from disease, he absolutely needs.

Prof. Peaslee, of Hanover, New Hampshire, has recently tapped a patient with ovarian dropsy, and obtained one hundred and thirty-five pounds of dropsical fluid. The young lady girted, before the operation, *five feet and seven inches* about the abdomen. Has this quantity of fluid ever been exceeded? We think not!

The Microscope discovers the fact that the mould on bread and other provisions in damp, warm weather, is a dense forest in miniature, with buds, leaves, flowers, and fruit.

An order has been issued by the Secretary of War that the Surgeon-General institute a board for the examination of those surgeons who have been appointed either by the commanding officers of regiments or Governors of States. Complaints have been made of their incompetency, and the object of this board is to secure their dismissal from the service if found incompetent.

A Fellow of the Royal Society calls attention to the fact, that the cast-iron of gun-boats, under the influence of sea water, aided by the galvanic currents set up by the contact with copper bolts, may become dissolved, leaving the carbon which exists in it in the form of a brittle plumbago, which would require no Armstrong gun to send it to the bottom.

Charity Hospital.—Through the kindness of Dr. Ash we are permitted to announce the election of officers for this hospital for the ensuing year, as follows: President of Medical Board, H. St. Clair Ash, M.D.; Secretary of do., S. Updegrove, M.D.; Treasurer, Z. Ring Jones, M.D.

During the month of May the number of prescriptions dispensed in the five dispensaries of New York city, was 24,067; number of primary vaccinations, 5,443; number of re-vaccinations, 210; number of native patients, 9,601; of foreign patients, 7,378.

The St. Louis Medical and Surgical Journal recommends the treatment of the rheumatic and neuralgic forms of dysmenorrhœa, by two grains each of sulphate of quinine, and ferro-cyanide of iron, three times a day during the intervals, at the periods give opium and the warm bath.

Dr. J. C. White exhibited a mouse at a late meeting of the Boston Society of Natural History, whose head was almost entirely covered with large masses of the parasite fungus, *achorion schoenleinii*. The growths formed dry, yellowish crusts, resembling in shape kernels of popped corn.

The New York Commissioners of Health report that typhus fever is prevailing to an alarming extent in the Fourth, Sixth, and Fourteenth Wards of that city. Every precaution is to be taken to prevent the disease spreading.

According to the weekly statement there are now 8,102 inmates in the various institutions under the charge of the Commissioners of Charities and Correction, in that city; an increase of 47 on the previous week.

Among the first objects discovered in the excavations at Pompeii, were some jars and utensils of a druggist's shop, showing that the manipulations of pharmacy were not unknown among the ancients.

The Medical Directory of Great Britain contains the names of 16,000 practitioners in various departments of the healing art. The yearly average of additions exceed one thousand annually.

Prize Question in Psychological Medicine.—The German Society of Pschiatrics offers a prize of of one hundred thalers for the best essay on the following query: "What is the Classification of Mental Disturbances which is like to prove most serviceable in regard to Practical Medicine?" The Secretary of the Society is Dr. Erlenmeyer, at Bendorf, near Coblenz, to whom essays are to be directed.

M. Chassaignac, of France, has lately performed the operation of lithotomy on a boy, three years of age. A calculus about an inch in diameter was extracted. The child recovered.

Answers to Correspondents.

A. M. S.—The price of Gross' Military Surgery is 75 cents.

A. H. H.—Instrument sent as directed.

Communications Received.

Massachusetts—J. G. White, Dr. J. Burnham, with encl.; Dr. O. H. Flagg, with encl.; Dr. J. O. Cornish, with encl.; Dr. D. Wilder, with encl.; Dr. C. H. Tuttle, with encl.; Dr. B. Luce, with encl.; Dr. T. Bayne, with encl.; Dr. A. A. Gifford, with encl.; Dr. J. B. Parris, with encl.; Dr. J. L. Clark, with encl.; Dr. J. B. Whitaker, with encl.; Dr. W. E. Williams, with encl.; Dr. J. F. Codman, with encl.; Dr. J. E. Cobb, with encl.; Dr. J. B. Chase, with encl.; Dr. W. J. Burgess, with encl.; Dr. C. W. Harris, with encl.; Dr. B. F. Fearing, with encl.; Dr. M. E. Lemmons, with encl.; Dr. B. F. Bruyn, with encl.; Dr. A. H. Tobey, with encl.; Dr. W. H. Allen, with encl.; Dr. F. W. Mason, with encl.; Dr. W. Read. *New Jersey*—Dr. J. S. Shauck. Dr. H. Servis, with encl. *New York*—Dr. A. H. Cochrane, Dr. J. B. Hayes, Dr. Louis Bauer, (2), Dr. John Swinburne. *Ohio*—Dr. A. H. Hewetson, Dr. B. M. Failor, with encl.; Dr. E. Pearce, Dr. J. Harris. *Pennsylvania*—Dr. B. F. Tillum, Dr. Thos. Stewart, with encl.; Dr. B. F. Wagenseller, Dr. A. M. Sigmund, with encl.; Dr. P. M. Schweinhard, with encl.; Dr. J. H. Wilson, Dr. G. S. Wentz, Dr. H. Nicholls, with encl. *Rhode Island*——Dr. S. W. Francis, Dr. J. M. Rand, with encl; Dr. P. Day, with encl. *Vermont*—Dr. S. H. Currier, (ans'd.)

Office Payments.—Dr. B. M. Collins, Pa., Dr. M. Rowland, Dr. F. A. Shoemaker, Pa. By Mr. Swain: Drs. Harper, Fussell, Bloom, J. Cox, Sims, Neff, Salmon, and H. A. Gildea, (adv.)

TO SUBSCRIBERS TO THE "YEAR BOOK OF AMERICAN CONTRIBUTIONS TO MEDICAL SCIENCE AND LITERATURE."

Because we have received but *one hundred and twenty* names as subscribers, and because of the troublesome times and the pecuniary embarrassment of the masses, the proposed *Year Book* will not be issued this year. We have, with much labor, prepared the manuscript for the press, but are unwilling to make very great pecuniary sacrifices to bring it out. We have, repeatedly, offered to give the manuscript, costing us much time and money, to any publisher who, at his own expense, would bring it out.—All have declined. We still believe such a work to be the greatest medical necessity of the age, and shall hold ourselves in readiness to again undertake it, at any time when there is any hope of its meeting with sufficient encouragement to meet its own expenses. We shall continue to prepare a *summary* of medical journal literature, which summary will be published in the Reporter. To those who are disappointed in the failure of the *Year Book*, the best we can do for them is to advise them to subscribe for the *Reporter*, and they will get, not only our summary, but much more besides.

O. C. GIBBS, M.D.

Dr. Gibbs' first article will appear in the Reporter for next week.

LETTER TO A YOUNG PHYSICIAN.

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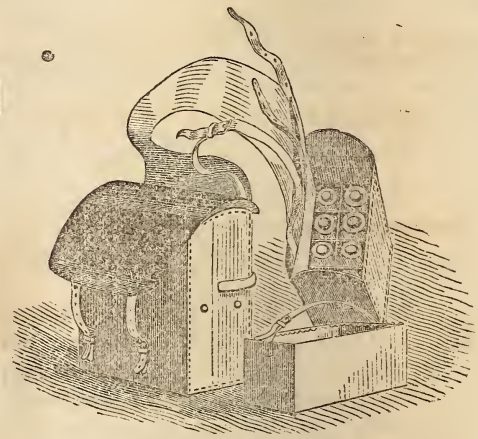

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 245. } PHILADELPHIA, JUNE 29, 1861. { NEW SERIES VOL. VI. NO. 13

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

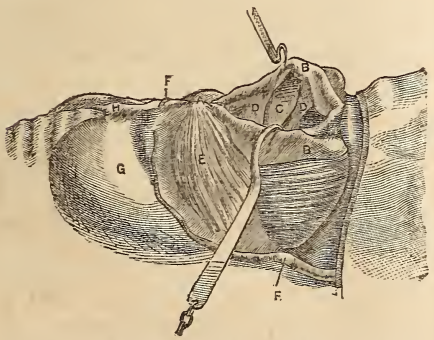
By D. Hayes Agnew, M.D.,

Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 45.

Median Infra-hyoidean Region—(*Continued.*)—The entrance to the larynx being very small through the crico-thyroid membrane, the question very naturally occurs may it not be safely enlarged? This may be done by observing that the thyroid cartilage consists of two halves, which meet in the mesial line, to form the angle which is so prominent a feature on the front of the neck. If the knife be carried up between these two alæ, they may be separated and drawn widely apart, so as to exhibit the whole interior of the larynx, and would effect an exposure, admirably suited for the removal of bodies fixed about the ventricles.

Fig. 41.



B, B, two halves of the thyroid cartilage, seperated and drawn apart, exposing on one side the ventricle C, bounded above and below by the vocal cords, D, D. E, crico-thyroid muscle; F, branch of the superior thyroid artery, running just below the cricoid cartilage; G, one lobe of the thyroid gland; H, the isthmus, or middle lobe of the same body.

The two halves of the thyroid are thus separated, and there is disclosed one side of the interior, showing a little eliptical cavity, one of the "*ventricles*" of the larynx, bounded above and below by a projecting ridge, the *superior* and *inferior vocal cords*. It will be perceived from this, that the middle line must be carefully followed, otherwise these important parts of the vocal apparatus will be injured. The epiglottis cartilage likewise arises by a narrow pedicle from the posterior or inner surface of the thyroid angle, and it might be supposed, in splitting the cartilage it would be detached. A careful examination will remove all apprehension of this nature, inasmuch as it will be found that this cartilage arises on both sides, as well as the middle line of the angle, and is moreover connected to the inner surface of the body of the hyoid bone. The fibrous union, which subsequently takes place between the two alæ, does not give that degree of firmness and solidity to the thyroid which it previously possessed, and hence it is thought to have an unfavorable effect upon the voice. Experience does not sustain this view with a uniformity sufficient to justify the above conclusion. As the crico-thyroid space is easily recognized; the thyroid angle, prominent as well as superficial, and no large blood-vessels usually in the way, this method of opening the air passage, especially for the removal of a foreign body, should be resorted to by all surgeons who have not full confidence in their anatomical knowledge or operative dexterity. The thyroid cartilage in the aged often undergoes ossification, rendering it necessary to employ considerable force in separating its halves. When its walls have undergone this change, it is liable to be fractured by violence, and this accident may induce such an amount of inflammatory swelling as to require an opening to be made either into the larynx or trachea, to prevent suffocation. In adjusting the fragments of such a fracture, when depressed, the superficial situa-

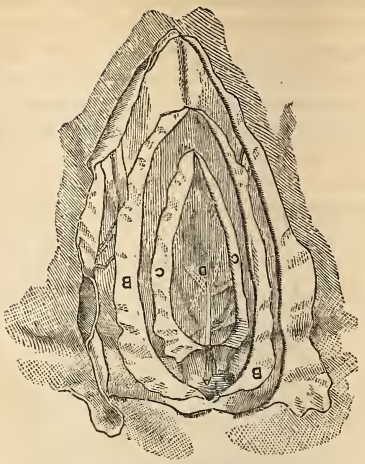
tion of the cartilage would suggest the use of a tenaculum, to elevate them into place.

Let us next seek for the tracheal portion of the respiratory tube. The trachea commences below the cricoid cartilage, continuing beneath the sternum into the thorax, to terminate in the two bronchiæ. Its exposure requires, in addition to the layers already described, the division of the interomo-hyoid fascia, (CC. Fig. 40.) This accomplished, another loose fascia will be exposed, "*the tracheal,*" in which may be seen several blue tortuous lines, the *thyroid plexus of veins.* This *tracheal fascia*, examined with a view to its origin, will be discovered to pass from the sheath of the internal jugular and carotid, which last is produced from the deep cervical fascia, as stated in a previous article. From these vessels it is continued forward to the trachea and thyroid gland; passing in front and behind these, to join the layers of the opposite side, along the middle line. Below, it is mingled with the remains of the thymus gland; is connected with the posterior surface of the sternum; surrounds the vessels which rise up from the chest, forming a cervico-thoracic septum, and finally becomes connected with the pericardium. In a little work, entitled "Godman's Investigations in Anatomy," the author of which was the founder of the present Philadelphia School of Anatomy, in College avenue, the pericardium is described as being formed from the tracheal fascia. The idea is rather fanciful, as the simple continuity of the two by no means justifies such an inference. It surrounds the trachea very loosely, and secures to the latter the thyroid body.

In figure 42 the interomo-hyoid fascia, (CC,) has been divided, exposing the tracheal fascia, (D,) in which may be seen, in indistinct lines, the outlines of some of the thyroid veins, which may be detected in the layer before it is opened.

Observe here what must be the influence upon the respiration of a morbid growth, which is situated beneath the interomo-hyoid fascia, (C C,) or upon the trachel fascia. The remains of the thymus gland may become the seat of the disease. There is no mechanism here to defend the trachea against pressure, and difficult breathing will be the consequence. Again, should any circumstances produce an abscess in this situation, the same embarrassment to respiration may be anticipated; and more than this, the purulent formation, inasmuch as the fascia continues into the chest beneath the sternum, may follow the same course,

Fig. 42.



A, top of sternum; BB, superficial layer of the deep fascia connected with the anterior edge and surface of the sternum; C C, the interomo-hyoid fascia, which is attached to the posterior edge of the top of the sternum; C, the tracheal fascia, through which appears some thyroid veins.

traversing the anterior mediastinum, and appearing as a fluctuating tumor at the lower end of the sternum.

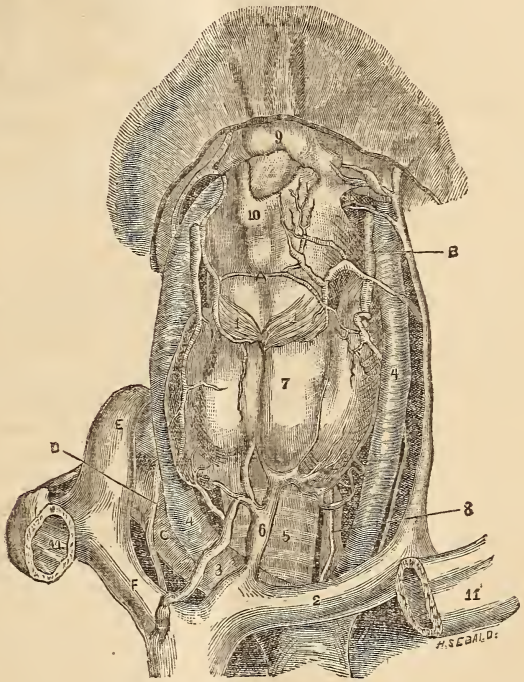
On either side of the trachea and larynx is placed the *thyroid gland*, the lateral lobes being connected to each other by an intermediate strip, the isthmus or "*the middle lobe,*" and which rests upon the trachea just below the cricoid cartilage. Its anatomy will be described in a subsequent paper.

Inferior Thyroid Veins.—When the tracheal fascia is displaced, several venous trunks appear, and which, from their free communications with each other form the *thyroid plexus.* The radicles of these trunks emerge from the lower portions of the thyroid lobes, covered in by the sterno-hyoid and thyroid muscles, they join in front of the trachea, to form two or more considerable veins, which descend to enter into the right and left *innominate or brachio cephalic* vessels. Beneath these vessels, in front of the trachea, there occasionally exists a large arterial trunk, the "*middle thyroid,*" sometimes described as the artery of Nebauer. It may be a branch of the innominate, right primitive carotid, or of the arch of the aorta, between the innominate and left carotid.

Below the thyroid gland it divides usually into two trunks, which pass to the lateral lobes of the thyroid body. This vessel is very rarely present, as out of seventy cases I have found it but twice. Our dissection has now conducted

us to the tracheal tube, and if we follow it down to where it disappears behind the sternum, the interest of the examination will be further enhanced by the discovery of several vessels of great magnitude. On the front and right of the trachea rests the innominate artery, dividing into the right primitive carotid and subclavian, just as it leaves the tube. On the left side ascends the left primitive carotid, running across the roots of these arteries, where they spring from the aorta is the transverse or left brachio-cephalic vein; and lying close along the sides of the trachea, nearer its posterior than anterior surface, are the *recurrent laryngeal* nerves, branches of the pneumogastrics, and which supply motor twigs to the muscles of the larynx.

Fig. 43.



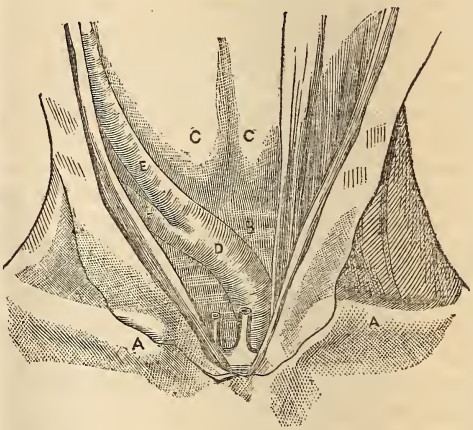
A, the crico-thyroid space, crossed by the crico-thyroid arteries; B, superior thyroid artery; 1, the crico-thyroid muscle; 2, transverse vein; 3 the innominate artery in front of the trachea; 4, C, its division into two branches, carotid and subclavian 5, the trachea; 6, one of the inferior thyroid venous trunks, its branches seen above, coming from 7, the thyroid body; 8, the recurrent laryngeal nerve of the left side, separated a little from the trachea; 9, hyoid bone; 10, angle of the thyroid cartilage; 11, 11, clavicles cut away; D, the pneumogastric nerve; E, internal jugular vein; F, right brachio cephalic, or innominate vein, joining the left brachio cephalic or transverse vein, the union constituting the descending cava.

Practical Observations.—To penetrate from the surface into the trachea, no prudent surgeon will consider as a light operation. It is environed with many difficulties. The young being more frequently the subjects of this operation, does not, in any way, diminish its gravity; but, on the contrary, makes it greatly more embarrassing. The necks of such are much shorter and contain much adipose tissue, and the tracheal tube is small and exceedingly movable. Æsthetics have, however, contributed to remove much of the anxiety of such a dissection by preventing all struggle and resistance.

The middle lobe, or isthmus, of the thyroid gland rests across the trachea, immediately below the cricoid cartilage. It may be so large from causes natural or preternatural as to cover the trachea where it is to be opened. It may, in such an event, be pushed sufficiently upward by lacerating its fascial attachments as to be out of the way. Should its size be too great for this, it would have to be divided. The vascularity of this body is such that no such division ought to be attempted until a ligature be passed on each side, between it and the trachea, and securely tied. Again, it will be observed the thyroid veins are beneath the sterno-hyoid and thyroid muscles. When the head is ex-

tended, the trunks of these veins must be firmly compressed against the innominate artery (over which they pass) by the origins of these muscles, the effect of which will be to impede the flow of blood and produce congestion, with great dilation of their walls. In croup, these veins are found in this state, which has been attributed to the increased determination of blood to the trachea; but let it be remembered, in this disease the head is strongly thrown back to give the extraordinary muscles of respiration an opportunity to enlarge the thorax; and may not, therefore, the condition in question be principally due to the mechanical cause above stated? These vessels meet us in tracheotomy, and must be displaced, if possible, and if not, ligated. Flexion of the chin for a short time would, by relaxing the sterno-hyoid and thyroid muscles, contribute toward emptying their contents. The occasional presence of the middle thyroid artery would induce an operator, after disposing of the thyroid veins, carefully to inspect the parts with the finger, to detect, if possible, its pulsations. The tracheal fascia is connected to the trachea by its deep surface, and the interomo-hyoid fascia by its superficial surface; this makes a series of layers from the skin to the air-tube, all continuous with one another. On this account, if the tracheal fascia be not too much detached from the sides of the organ, the mere pulling asunder of the tegumentary wound, in tracheotomy, will likewise draw apart the margins of the divided cartilages, and thus remove the necessity for applying the hooks to the trachea itself, or the introduction of the canula, either of which are objectionable. As to the proper situation for opening this part of the air-passage, and the manner of doing it, the propriety of the following remarks will appear obvious by consulting fig. 43. It should be in the median line, and as near the cricoid cartilage as possible. If too low or too much on the right of that line, the tranverse vein 2, (fig. 43,) or the innominate artery (3) may be wounded; if too much to the left, the primitive carotid will be endangered. Neither of the first two should be seen above the top of the sternum or sterno-clavicular articulation, though the extended position of the head pulls them somewhat out from the chest into the neck. Yet cases will occasionally be met with in which the innominate artery leaves the aorta to the left of the median line, crossing the trachea almost as high as the lower extremity of the thyroid gland. While preparing a subject for the present article, I met with an example of this kind of a very interesting nature, and from which fig. 44 was drawn.

Fig. 44.



A A, clavicles; B, the trachea; C C, lobes of the thyroid gland; D, the innominate artery in front of the trachea, and in front of where it is seen rising from the chest, two inferior thyroid veins cut off.

The trachea is very movable, and, unless care be observed, the knife may be deflected from its convex surface when about to make the puncture through its walls. In one case, I passed a curved needle, armed with a ligature, between the middle lobe of the thyroid body and the tube which served the purpose of holding this mass out of the way, giving complete fixation to, as well as lifting the trachea from its deep situation. A tenaculum would answer the same purpose. Dr. Levis, who has performed tracheotomy many times, informed me his custom was to control the movements of the trachea, before opening, by carrying a silver wire into its substance. The division of the trachea should be made from below upward, in which case the back of the knife will, of course, be turned toward the great vessels at the root of the neck; and, last, the tube should not be opened until all hemorrhage is arrested, else the blood will flow into its cavity, and suffocate, it might be, the patient.

———o———

Surgeons Appointed.—Oneida (N. Y.) Regiment, Dr. Alonzo Churchill, Surgeon; Dr. J. E. West, Assistant. St. Lawrence Regiment, Dr. W. Blair Crandall, Surgeon, Dr. John E. Moores, Assistant. Cayuga Regiment, Dr. Theodore Dimond, Surgeon, Dr. B. Howard, Assistant. Prof. Frank H. Hamilton has entered the army service as surgeon to the 31st Regiment of New York State Volunteers.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.
Of New York.

II.—MYTHOLOGICAL HISTORY.

In the mythology of the ancient classics, we find recorded singular customs, interesting in themselves; indicative of the mind of the times, and illustrative of the beauty of the imagination, when permitted to take wings and fly amid the pleasing illusions and suggestive ideas of a poetic conception. How fascinating are the tales of bygone days, of deified creations struggling to maintain the mastery over too ambitious, impetuous youths. How sweet and plaintive the expressive pleadings of some captive female, inspiring courage in the breasts of one and all who come to succor in the time of need! And yet, amid their fairy scenes of ambrosial life and beatific experiences, we read and accord preëminence to one as head; surpassing all in either intellectual or physical superiority. Venus, the goddess of beauty and all its attributes, was esteemed by the ancients the most exquisite form of rounded symmetry, the perfect ideal of the harmony of shape. And Venus, too pure for earthly origin, sprang from the *sea* of crystal charms and spotless white, a proper type of that which was to vanquish even Cupid in his strife for victory.

The seige of Troy forms the greater part of the books of Homer and the Æneid of Virgil. Yet the mighty stronghold, taking ten long years to be subdued, owed much of its surpassing strength to the god of the ocean. *Neptune*, with the assistance of Apollo, built a wall around the city and its neighboring precincts.

The all-inspiring fountain in the Ionian mount, whence poets drank, and muses quaffed, the source of mental power, the secret of their greatness, spouted forth from the hardened rock at the touch of proud Pegasus. His foot-print stamped immortality on those who might imbibe the gently flowing, spirit-like liquid.

How pleasing it is to peruse the ingenious narrative of the origin of frogs; when the fatal words of Leto: "May you live for ever in that pool!" changed her tormentors into frogs, as a proper punishment for thus disturbing the pelucid water, and thereby preventing her from quenching the thirst of her distressed and suffering children.

> "Æternum stagno, discit, vivatis in isto:
> Eveniunt optata Deæ."

*The Lethean stream removed remembrances of sorrow, troubles, and afflicting cares, when once the unhappy victim of remorse plunged beneath its calm, unruffled waters.

What a sad, yet pleasing tale of sorrow was the melancholy fate of those unfortunates who were condemned to wander near the banks of the river Styx, till their allotted time expired.

It was not only the harsh sentence of the more feeble of mankind. The punishment, among the gods, for perjury, was to drink of this same river Styx, which instantly dulled their minds, and rendered them senseless for the weary period of one long year.

And when death claimed the body of a man, be it the remains of a mighty warrior, or the corpse of some forlorn, slain menial, how stern was father Charon for his obolus, as toll across the Styx and Acheron, ere rest could be obtained for those who had yielded up their spirits to the foe of life!

What expressive language, and what tones of sympathy does Æschylus breathe into the mouths of the pitying fountains, when bewailing the untimely fate of Prometheus.

> "λεύσσω, Προμηθεῦ· φοβερὰ
> δ' ἔμοῖσιν ὄσσοις ὁμίχλη
> προσῆξε πλήρης δακρύων,
> σὸν δέμας εἰσιδούσῃ
> πέτραις προσαναινόμενον
> ταῖσδ' ἀδαμαντοδέτοισι λύμαις."
>
> Æschylus' Prometheus chained, line 144.

Diana, the inspirer of so many youths, received the homage of her worshippers at the *fountain* Arethusa, the nymph loved and pursued by Alpheios to the sequestered island of Ortygia.

The Naiades, or water nymphs, presided over rivers, brooks and springs; while the Limniades, or lake nymphs, had the special charge of lakes and pools awarded to their safe keeping. The all-powerful and intrepid leader, Achilles, descended from Jupiter, and son of Thetis, herself goddess of the *sea*, was rendered invulnerable by being immersed, when a child, beneath the river Styx. His heel, the only portion of his body not thus covered by the shielding waters, did not escape in future years the skillful aim of his inveterate enemies.

We frequently read in mythology, of water being dashed upon some erring god, as a

*"Lethe, the river of oblivion, rolls
Her watery labyrinth, whereof who drinks,
Forthwith his former state and being forgets,
Forgets both joy and grief, pleasure and pain."
Paradise Lost, b. vi.

punishment, thereby instantly changing him by a transmigratory power to some inferior being. Actæon, following the promptings of curiosity, and urged on by the passionate feelings of an enamored lover, having surprised Artemis and her nymphs while bathing, was instantly transformed into a Stag, *water* being sprinkled over him when captured. Midas, having experienced the misery of his gifted touch, wearied by the constant wretchedness of so unfortunate a power as he possessed, imploring Bacchus for some remedy that might at once free him from its future evils, was directed simply to wash in the river Pactolus. What a touching story is that of Narcissus, who, when bereaved of his beloved sister, gazed for hours daily in the limpid stream, that he might but behold his own reflected image, which resembled her sweet face, and thus recall the happiest associations of purest friendship.

——— *Sed opaca fusus in herba
Spectat inexpleto mendacem lumine formam,
Perque oculos perit ipse suos.

The romantic account of Perseus and his mother cast upon the watery deep in a "crazy bark," rescued by the goddess, and conveyed to the Orgean shore, where he grew up to be one of the most interesting and captivating of fictitious characters, is a tale full of the marvellous, yet restrained within the bounds of possibility. Fascinating and instructive; imaginative, yet consistent.

The voyages of Jason and his faithful followers, will be long remembered by the student of antiquity, and cherished by the lover of classic description and nautical adventures. It required the union of heaven and earth to produce *Oceanos* and the giants with fifty heads and one hundred hands. Pandora, the first woman, most fascinating in herself, yet possessing latent in her box, all the evils that befall man in this life, was formed by Hephæstos, or Vulcan, out of earth and water. What poetry is there in the metamorphosis of the Heliades, transformed into poplars, their tears for their afflicted brother changing into amber as they fell into the river Eridanos.

When Psyche found herself deserted by the much loved Eros, alone, neglected and unhappy, she sought only for death amid the waters of the classic stream. Tantalus, so often quoted for his great, unceasing sufferings, was punished for his offences by an insatiable thirst. Placed in the midst of the lake he was permitted to see around him the beauteous, clear and limpid waters; his tormentors allowed him to feel the cool, refreshing touch of the lake. It rose up even to his chin, his lip; and when the mind was fixed on quenching parching thirst and thus alleviating untold agonies, at the last moment, straining every muscle to sip the nectar for a dying man, he failed, and was thus tantalized! It was only by turning a river into the stable of Augeas, that the mighty Hercules succeeded in cleansing the accumulation of the filth of 3,000 oxen for 30 years. There are many exquisite little stories of plaintive purport and beautiful sentiment pervading the narratives of classic Deities, springing from streams presiding over fountains; punishing some by condemning them to remain near a gentle rivulet, thereby making use of water in every point of view.

Water, regarded in an historical light, affords much, indeed alike curious to the casual observer and instructive to the scholar in his researches. To the man of thought, a fact needs but to be mentioned, to call forth suggestive memories and philosophical deductions. Thus it is only necessary to mention that the turning point of Cæsar's great career; the conclusive period of his future life; whether he was to remain forever an obscure, unknown commander, in a native town, recognized as valorous only by the few who followed his own steps, was whether he should cross the Rubicon; dare the brave; meet the strong; vanquish conquerors; depose kings; mount to the loftiest eminence, and establish a new era for the historic page. After contending with hidden emotions, that for days had swayed him to and fro, he boldly plunged into the raging stream, and:

*"Primus in obliquum sonipes opponitur amnem,
Excepturus aquas: mollitum cetera rumpit
Turba vado faciles iam fracti flumina undas—
Cæsar ut adversam, superato gurgite, ripam
Attigit, Hesperiæ vetitis et constitit arvis:
'Hic, ait, hic pacem temerataque jura relinquo;
Te, Fortuna, sequor'——."

When Archimedes was deputed to ascertain the specific gravity of the gold in a crown, to demonstrate its purity, he devised all methods for this purpose, but with ill success, and vain attempts. Nothing came to aid him in his philosophical investigations. At length, while bathing, we are informed, he noticed the gradual rise of the water on his entering the bath, and thus the happy "Eureka" was indebted to the accommodating element, which,

* Ovid. Met. 3.

* Lucan's Pharsalia, Lib. 1, Lin. 220.

taking pity on the great philosopher, rose to elucidate the paradox, and relieve his mind of so perplexing a phenomenon, while he, in turn, for benefits received, formed the screw, that bears his name, likewise to elevate the subtle form, and refresh and give assistance to mankind in all his labors.

Napoleon's greatest feat in prowess, discipline, and energy, has been considered to be his having crossed successfully the lofty Alps.

*"The palaces of nature, whose vast walls
Have pinnacled in clouds their snowy scalps,
And throned eternity in icy halls
Of cold sublimity, where forms and falls
The avalanche—the thunderbolt of snow!"

The surmounting all the difficulties of the journey, and rendering submissive unto man the powerful opposing elements; the maintaining order in the midst of suffering, and when surrounded by a fearful chaos, all have joined to prove the man, the warrior, and the mighty leader of a warlike race of beings. But what was it that rendered what had been accomplished worthy to be classed among the wonders of the times? What was it that secured renown and victory when many had displayed an equal zeal and overcome opposing obstacles, most harrassing and destructive in their deadly effects; most woeful in their sad realities? It was that Bonaparte subdued the snow clad peaks and ice bound passes:

Snow to the right of them;
Snow to the left of them;
Snow all in front of them!

While it rendered more facile the journeyings of the sleigh, and weary traveller, thereby a fit emblem of its peaceful efforts to assist, it stood its ground inch by inch against the onward movements of artillery and soldiers heavy armed, real-harbingers of war, and all the necessary evils that ensue.

The lofty ascents and perilous marches of the regiments would have been as nothing, had not *snow* intervened with frigid, firm, and forcible impediments, and called forth all the discipline of an absolute sway to subdue the murmurs of the wasted army, and overcome the rebellion of subordinates, at their unexpected hardships.

Now falling stealthily in heavy flakes, to conceal from view the landmarks fixed, by which to make the tour; and as noiselessly, but with a subtle purpose, covering up the dead who had succumbed to feebler health and winter's powerful revenge. Now blinding each and every one by its heavy drapery, shrouding nature as an emblem for the approaching sacrifice of life, and piling up additional labor for the shovel and poor draught-horse. Now, paling earth and enveloping the very clouds in white; a metaphysical expression of contrast with man's blackening deeds! The spotless heavens weeping for the loss of man, in pearly drops of chilling truth; all told but one sad tale of sorrow, woe, and future struggles. It was the vanquishing, or rather the permeating one of Almighty's elements—water—that stamped Napoleon with renown, more than the controlling armies in the battle field, or overcoming nations in a foreign land.

The torrid zone, with all its withering heat, may be penetrated by the traveler in his paths of industry and deep research. The equator, with its scorching, red-hot line of solar concentration, may be crossed by seamen, and frequented by the pale-faced wanderer, on a visit to the very native, who both lives and experiences pleasure, while inhabiting the hottest region of the globe. All have easy access to the warmest latitudes of both the hemispheres; and nature seems to revel in luxuriant foliage and gaudy birds of many tints, where winter "never comes to rule the varied year,"* or cast one *cold* reflection on the happy holiday of flowers, fishes, fruits, flamingoes, or the freedom of a fertile forest.

Agreeably to the wonderful, impartial law of compensation, we find insects that infest, but they may be destroyed. Reptiles may add dangers to the quiet calm of all around, but they may be avoided. The sun may pour down all his rays—parch the ground; shut up the heart of nature by his impetuous zeal; and drive all living creatures from his immediate presence. Still a shelter may be always found beneath the lofty pine, until forgiving night approaches with cool, refreshing shade, to elevate the soul and soothe the heated frame.

But when man, with his puny strength, seeks to penetrate the North and lay bare the hidden treasures of the polar region, what prevents his movements onward, and, with facile stride, plants obstacles at every step? What, says Excelsior, cannot be obtained by such means in the frigid zone? What, at his approach, lashes his bark with angry waves and mounts the prow of the little craft flowing with a maddened fury to the very stern, washing all before it to destruction? And now that man, still bent on moving forward, keeps his course,

* Childe Harold's Pilgrimage.—*Byron.*

* Thompson's Seasons.

the mighty element assumes more hardened features, and, towering above his little craft, threatens instant ruin to all on board.

Icebergs, the lofty sentinels of the northern sea, moving to and fro with an irresistible power, keep off all those who are not "men of granite" from advancing farther toward the hidden mysteries of the frozen region! And when success attends man in his windings through the sinuosities of the chilly inlet, and his steps approach still nearer north, Nature comes again to aid in the resistance. The "hummocks" mount yet higher on the floes, exulting that a victim is to be encased, and all becomes as one; the masts and shrouds are coated with the sleet; the snow descends with that mysterious power, and naught remains to meet the view save the pale-faced, chilly monument of a former visitor—its own recorder.

Man may endure the scorching heat of the equator. The north pole, however, presents an opposition that is unequaled in its strength and durability. It is the agent, ice! Like man, the northern region places a barrier of cold reserve to all intruders, and shuts out those that would, from idle curiosity, penetrate beyond the calm exterior. But Nature, true in her characteristics to human nature—often her inferior—beneath that cold, impassive surface, possesses a warm and genial heart. Thus the Polar Sea, shut out from the mixed knowledge of a busy world, pulsates with warm emotions, sustaining many a weary inhabitant of the hidden waters; and, leaving the shores that encircle it with jealous seclusion, it sends forth toward the beaming light of day many a laughing ripple. As in the most northern ice-bound land we find refreshing springs of water, so in every character, however much degraded by a sinful life and fallen nature, we will find some latent spark, the remnant of a ray from the Sun of righteousness—some few pearly drops of priceless value from the Fountain of living waters!

It was the surmounting countless difficulties, and relying upon the merits of the compass, while entrusted to the ocean's wayward movements, that a Vasco de Gama discovered a path for commerce, which lead to many followers ere long. It was the battling with the elements and living in the face of dangers, and braving the deep, when all but water had left Columbus to himself and a disaffected crew, that has named this favored country after so illustrious a man.

It was the great endurance of surpassing hardships when, amid the lonely glaciers,

> "O Winter! ruler of the inverted year;
> Thy scatter'd hair with sleet-like ashes fill'd;
> Thy breath congeal'd upon thy lips; thy cheeks
> Fringed with a beard made white with other snows
> Than those of age; thy forehead wrapp'd in clouds,"*

that renders the name of Kane a synonym for energy and perseverance, the two great principles that urge man on to action of a noble character. All the powerful barriers of nature could not protect the English isle from Gallic tyranny; all the forces from the British kingdom could not keep off the approach of eager Frenchmen, rendered fiercer by the memory of Waterloo; but the gentle flowing of a mediating sea, intervening with a hidden depth of purpose, with persuasive eloquence, separates the usurper from his longed-for victim, and renders free a civilized community, destined to enlighten nations by its liberal form of government, and improve the morals of many a political body by the soundness of its ethics.

Venice, in former days annually wedded to the sea, to whom it owed so much for glory, riches, and surpassing rivalry, by her commerce took the lead, and for many a year was known to all surrounding powers under the amiable title of "Facile Princeps." Her graceful gondolas—those exquisite abodes of swan-like symmetry and easy gliding—and her islet residences leading down to the very waters of the Adriatic, struck man's imagination with a suggestive beauty that might well have inspired a Titian with sublimer colors, or called forth poetry from the Improvisatore. And even in the modern light of civilized humanity her scenes recall so vividly the past, her palaces stand forth so exquisitely molded, as the fitting representatives of what has happened ages since, that we are told by one of thought and feeling that †"Venice is the only city that can yield the magical delights of solitude."

> "Oh! agony—that centuries should reap
> No mellower harvest! Thirteen hundred years
> Of wealth and glory turned to dust and tears;
> And every monument the stranger meets
> Church, palace, pillar, as a mourner greets."‡

What period in the history of the colonial struggles in the American Revolution is more interesting to the student—more significant of the turning point of fate—more replete with facts of moment and proofs of firmness, fortitude and faith—than the great era in the life of Washington when he crossed the Delaware amid the dangers of a wintry season, surrounded by difficulties and encompassed by prolonged priva-

* Cowper's Task. Book 4th, line 120."
† B. D'Israelli. ‡ Byron's Ode to Venice.

tions? Speaking of this event in the following terms, Irving, in his classical biography, writes with eloquent enthusiasm, and states that "he himself crossed with the rear-guard, on Sunday morning, and took up his quarters about a mile from the river, causing the boats to be destroyed and troops to be posted opposite the fords." He was conscious, however, as he said, "that, with his small force, he could make no great opposition should the enemy bring boats." *

Xerxes, as a great commander, receives the highest commendations of historians for his bright success, his happy power of subduing envy, and enforcing strict obedience. In the full list of his mighty exploits and most daring expeditions, we can find none recorded comparable with the vast, herculean feat of bridging over the Hellespont, that he might move on in regal magnificence as over a royal road, uninterrupted by an intervening water, thereby uniting both the Continents under his proud dominion. This wonderful work is the most durable record of the boldest of his schemes; the most successful of his adventurous undertakings. While his crossing the Hellespont, sacred to the Greeks, reflects credit, and indicates his prowess as a leader, his causing the sea to be lashed for contending against the power of his god-like attributes, points out the weakness of human nature in prosperity; the folly of an unconquered chief.

The story of Canute and his noble followers before the mighty inrolling of the waves that would not cease their movements even in the presence of a royal ruler, is replete with suggestive morals, and significant of the hollow boastings of the parasite. Though men, with souls, left to their own choice, yielded up a ready and most cheerful homage to their king, and hastened to obey the slightest signal of command, the gentle ripple of *nature's* waters still kept on her course in spite of all the dictates of a man, though he were the head of all who breathed around him in an atmosphere of shallow worship.

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A GENTLEMAN in Higginsport, Ohio, writes to the *Journal of Materia Medica* that he has used the pills of hydrocyanite of iron for epilepsy for several months past, and that he has had but one convulsion since, which occurred about two weeks after he first commenced. He has since been free from any symptoms of their occurrence.

* Irving's Life of Washington. Vol. ii., p. 454.

Diarrhœa: Its Significance as a Symptom of Pulmonary Tuberculosis, Illustrated with Cases.

By A. P. DUTCHER, M.D.,
Of Enon Valley, Pennsylvania.

PART FIRST.

Diarrhœa is a frequent attendant upon phthisis. And for several years past I have been in the habit of regarding it as a very important symptom of this malady; particularly when it appears in an individual whose bowels have been uniformly costive in health. When it occurs very early in the disease, it is a symptom of more than ordinary significance. In many patients, it is the first symptom which marks the approach of this wasting disorder; hence, it has been called by some writers COLLIQUATIVE, from its blighting and withering influence upon the system.

It is, however, not very common for diarrhœa to make its appearance until the disease is far advanced, and has been declared by other signs and symptoms not to be misunderstood. But when it does occur at the commencement, and is unyielding to appropriate treatment, we may generally look for a speedy termination of the case; for there are few things which exhaust the vital forces more rapidly than a constant and profuse diarrhœa.

Statistical tables made out from cases that have occurred at the hospital for consumptives, at Brompton, London, show that diarrhœa began early in the disease, and continued throughout its whole course in one out of every eight patients; and only one in twenty-five was it wanting. In some instances, it preceded every other symptom of the disease; in about one in eight cases, it began at the same time as the disease in the lungs, and attended its whole course, from five to twelve months, and in some cases much longer, but in the great majority of the cases, it began at the latter half of the disorder, and continued, with more or less severity, until the end.

The cause of diarrhœa in pulmonary tuberculosis almost always depends upon ulceration in the small intestines and colon. These ulcers usually commence in the mucous follicles of the small intestines, and when in the large intestines they occur in the same manner; but when once begun, the ulcerating process extends itself indefinitely to the surrounding mucous membrane.

These ulcers are commonly produced by the deposition, softening and expulsion of tubercular matter. And in most cases, this entire process is accomplished without any very marked signs of inflammation. These tubercles are mostly of the miliary form, very small, not more than one-sixteenth or eighth of an inch in diameter. They usually have an opaque, cheesy appearance, and when we examine some of them minutely, we find that they are composed of immense numbers of granules of fat, withered nuclei; in others, we find that the centre is semifluid, softening down; while in others still more advanced, we find that the slight covering of the mucous membrane has given away, and a small ulcer is formed, with a depression in its centre, and an irregular excavated margin.

At the base of these ulcers, immediately beneath the peritoneum, are sometimes found numerous minute tubercles, arranged in nearly the same form as we find them in the lungs, and by softening and expulsion, they increase the magnitude of the ulcer. We do not, however, find these ulcers always presenting the appearance just described. Not unfrequently we find the mucous membrane raised, presenting a swelling about the fourth of an inch in diameter; and on making an incision into it, it is found to contain pus, and presents the appearance of a common abscess in the mucous membrane.

A very fortunate thing connected with these ulcers is, that they very seldom perforate the intestines. I never met with but one case of this kind; it was that of a young woman; she had been afflicted with phthisis for more than a year—diarrhœa was the chief trouble. One morning, just after rising, she was suddenly seized with an agonizing pain in the region of the cæcum. She speedily collapsed, and died in thirty-six hours. Post-mortem revealed a small perforation in the colon about an inch above the cæcum.

In some cases of diarrhœa attending phthisis, we find it alternating with constipation. I attended a case but a short time since where this state of things occurred. For some days the bowels would be very much relaxed, and could be scarcely restrained by the most efficient and active measures. Then again they would become very costive, swollen, and painful, and would not move for days without physic. In this case, the disease was confined more to the peritoneum, than the mucous membrane of the intestines. This was demonstrated by post-mortem examination, for that membrane was extensively studded with miliary tubercles, and there was considerable serous effusion in its cavity.

This is a fact in diagnosis worthy of being remembered. Where we have such alternations in the conditions of the bowels, during the progress of phthisis, attended with soreness on pressure, tympanitis, and pain on deep inspiration, we may, as a general thing, suspect more or less tubercular and inflammatory disease of the peritoneum, which is a sad complication of pulmonary tuberculosis, and adds greatly to the sufferings of the patient.

The evacuations, so far as my observations extend, have no uniform appearance. In some cases, they will be mixed with bile, in others with mucous, serum, and blood, or they may present the character of yeast, be very copious, and attended with little or no pain. In other instances, the stools may be scanty, and composed of little else than blood and mucous, attended with considerable pain and tenesmus, and the case might be easily mistaken for acute dysentery. In others, the evacuations will sometimes be composed chiefly of blood, and amount to what might be called hemorrhage from the bowels. Dr. Habershorne, in his recent work on Diseases of the Alimentary Canal, has recorded a very interesting case of this kind, and as this book may not be accessible to many of our readers, we will quote the case in full.

"March 18th, 1857. Mr. ——, was a man of temperate habits, who had considered himself in health until one month before his admission into the hospital. His principal symptom had been a discharge of blood from the rectum, with diarrhœa; he had cough, had rapidly emaciated, and become completely blanched.

"On examination of the chest, we found some flattening, with imperfect mobility of the left apex, soft mucous rattle, with increased resonance of voice. The abdomen was contracted, and free from pain. There was but little doubt that he had phthisis. Emaciation rapidly increased, the cough became more severe, and the evidence of disorganization better marked; he died in one month from his admission; for several days he appeared in articulo mortis.

"On *inspection*, the abdomen unusually collapsed; old pleuritic adhesions were found on

both sides; at the left apex was a small vomica filled with pus, and the whole upper lobe presented patches of red hepatization, minute tubercles, and the irregular iron-gray consolidations; at the upper part of the lower lobe there was a vomica, and a similar condition as in the upper lobe. The right lung was less affected, the bronchi were filled with purulent matter; the larynx presented a small ulcer on its inferior vocal cord; and the angleno-epiglottidean fold was œdematous. Heart normal.

"The stomach was healthy; the intestines, especially the small, were empty and contracted; the transverse colon presented a sigmoid twist near the spleen; in the lower part of the ileum were a few tubercles, and commencing ulceration. The ascending colon contained scybala, and presented several ulcers, oval in form, and half an inch in breadth, with injected irregular margins.

"In the sigmoid flexure and rectum, the whole of the mucous membrane was injected, almost covered with patches of ulcers, and in some parts were portions of adherent diphtheritic membrane. The appendix cæci was twisted in a sigmoid form; at the right of the cæcum, near the terminal third, it became very much dilated; the mucous membrane at this part was entirely destroyed, and the muscular coat much hypertrophied. The mesenteric glands were considerably enlarged. The kidneys, liver, and spleen, were healthy.

"The ulceration of the rectum and sigmoid flexure had led to the hemorrhage which blanched the patient; in this state of exhaustion the disease in the lungs very rapidly advanced. It was not the part of the intestines usually affected in phthisis; and he had no pain, distension of the abdomen, or severe tenesmus; diarrhœa, with discharge of blood were the marked symptoms. The mesenteric glands were more than usually affected. The loss of blood apparently hastened the diseased action in the intestines rather than diminished it."

But hemorrhage from the bowels sometimes occurs during the progress of phthisis, where there is no ulceration of the intestines. Obstructions from either the pulmonary lesion or hepatic diseases which frequently accompany this disorder, may lead to engorgement of the portal circulation, which may be the means of producing congestion of the mucous membrane of the whole alimentary canal, and may cause hemorrhage from it, in the same manner as we have extensive exudations of blood from the bronchial mucous membrane, without any breach of structure. I have also known extensive hemorrhage to occur from the rectum in this disease, from simple engorgement of the hæmorrhoidal veins. And I have frequently known phthisical patients to experience great relief by the occurrence of such discharges, particularly when they were moderate in amount.

The appearance of the discharges most generally point out the source from which they came; if it arise from the hemorrhoidal vessels, the blood will be abundant, and its color very florid, and it will either precede or follow the dejections; if higher in the intestines, it will be incorporated with feces; and when it travels a considerable portion of the alimentary canal, it becomes discolored by the secretions from the membranes. This is particularly the case, when the blood comes from the cæcum, or the stomach. In the latter organ, the acids of the gastric juice act upon the blood, and it becomes black, and is evacuated from the bowels in the form of a fluid which very much resembles tar.

The distinguishing feature, however, of phthisical diarrhœa, is its unmanagable character. It commonly resists all treatment; it may be checked for a short time, but it again returns, and frequently with renewed severity; and for several years I have ceased to employ any very active means to arrest it, being fully persuaded that it is a necessary concomitant of the constitutional malady, and that in this way the lungs are partially relieved by the bowels acting as a secondary scavenger for the elimination of tubercular matter from the system; for it is a fact, which has been demonstrated by frequent observation, that in cases of pulmonary tuberculosis attended with much diarrhœa, that the chest symptoms are in a great measure kept in abeyance; cough, pain, and dyspnœa are greatly mitigated; and in some instances, the lung disorder has been completely masked by the bowel symptoms, so much so that it was only revealed by post-mortem.

Another peculiar feature of this diarrhœa, as it manifests itself in phthisis, is, the period of the day at which it mostly occurs. In most patients this is at night, particularly the after part. In some instances the evacutions will be few and scant; in others profuse and numerous. I have known patients to have six in as many hours from midnight till morning, while during the remainder of the day they would be

free from any annoyance of this kind. In cases of this sort, where they are accompanied with copious night sweats, the disease generally runs a very short course, and we may most always prognosticate a speedy and fatal termination of the case. Very few constitutions can very long withstand such extensive drains upon the vital fluids, for they both are effite in their character, and are the expressive signs of an extensive blood DYSCRASIA.

PART SECOND.

The diagnosis of diarrhœa is sometimes attended with some difficulty. I have the record of three cases, which occurred in my practice, wherein I gave a favorable prognosis, regarding them as simple diarrhœa from muco-enteritis, which afterwards turned out to be phthisis. And I have known other practitioners to make the same mistake. A brief description of one of my cases will serve for all:

May 14, 1849. Called this day to see Miss E., aged twenty-two. Has been annoyed with diarrhœa for four weeks; pulse 90; respiration 18; tongue furred; mouth very dry; complains of thirst; some fever in the after part of the day, but no sweating at night; appetite very poor, and digestion badly performed; food passing through the alimentary canal almost unchanged; bowels tender to the touch; the discharges from the bowels very abundant, thin, and watery, attended with some pain; urine very scanty and high colored; catamenia regular but scanty; skin very sallow; countenance dejected; mind gloomy and hopeless; no cough or expectoration; no dyspnœa or pain in the chest. Has emaciated somewhat, and complains of great weakness on attempting to exercise. So far as I could learn there was no hereditary predisposition in her family to phthisis, her health had always been good up till this attack.

Her case was set down as one of muco-enteritis, and a favorable prognosis was given. A large blister was applied to the abdomen, and one of the following pills were ordered every six hours:

℞. Mass. pill. hyd. gr. x.
Pulv. opii. - " xii.
Pulv. ipecac. - " xv.
Gum camphor, " xx. M.
Divide in pil. No. 20.

This treatment was continued for six days with some marks of improvement. The tongue commenced to clean, the skin became more moist, the discharges more natural and not so frequent, and the expression of the countenance more natural and cheerful. As the bowels still remained tender to the touch the blister was reapplied, and the pills were ordered to be given every eight hours. Her diet was to be strictly confined to boiled rice, animal jelly, and gum water.

On the first of June she was much better every way; depleting measures were discontinued, and a mild tonic course pursued. For three weeks she appeared to be slowly mending, after which she gradually became much worse. The diarrhœa was quite troublesome, although her tongue was now very clean and her appetite good, and the food much better digested. Various remedies were now used, but with very little advantage. Dr. F. was called in consultation, and agreed with me as to the nature of the malady, and recommended the use of nitrate of silver and morphia, half a grain of the former, and the eighth of a grain of the latter three times a day.

From this time until the first of August she was more comfortable, but on that day, just after breakfast, she had an attack of hemoptysis. This was the first symptom of pulmonary trouble that appeared, the hemorrhage was quite free, but did not prostrate her but very little. On a careful examination of the chest the following signs were elicited:

The expansion movements of the two sides were nearly equal. On percussion there was dullness on the right side, accompanied with prolonged expiratory murmur, with humid crepitation. On the left side the inspiratory murmur was harsh, the expiratory murmur prolonged, and no marked dullness on percussion. These signs clearly indicated a considerable amount of tubercular exudation in the right lung, which was softening, and a much smaller amount in the left lung which was crude.

Her decline was now very rapid; cavities soon formed in both lungs, and she fell a victim to the disease on the 17th of October. The most pressing and annoying symptom throughout the whole course of the disorder was diarrhœa, and so effectually were the disorganizations in the pulmonary organs masked by it, that if it had not been for the hæmoptysis the true nature of her malady would have not been known, perhaps, until the very last. The physical signs were probably as marked the first day we saw her, as they were at the time we examined the chest, and it was a want of attention on our part that led us to make such an erroneous and unguarded diagnosis.

Medical science is not destitute of the means of detecting disease. And when mistakes are made in diagnosis, they must not be charged to the science. Nature has placed within our reach ample means of becoming acquainted with her laws, both in health and disease, and she will not reveal them to us by a miracle. If we become acquainted with them, we shall have to study them profoundly; not superficially or indifferently, but accurately, earnestly and enthusiastically. We need more diligence, earnestness and enthusiasm, to be infused among the members of our profession. Dullness and stupidity, with some intelligence, may plod along, make money, and enjoy the ignoble fruits of mediocrity.

But to rise above a mere machine, to gather massive learning and ability, capable of acting on the character of the profession, is no more to be expected without an ardent, living enthusiasm, than is the growth of a vigorous body, without the circulation of a pure current of vital fluid through all its parts. There must be in every man in order to his expansion into an energetic, accomplishing agent, an ever-stirring tide of life. The earnest man, as a self-moving machine, not waiting for external fires and winds to propell him, becomes a special impressive agency. The warm, right onward men, have a life, breath, light, movement, strength, sincerity, and aggressiveness, which them the grand remodelers of their age. They raise the standard! They pioneer advancement. They are at the head of every great and noble cause which has for its object the physical, intellectual, and moral advancement of the race. God grant that we may have more of them in the ranks of our profession. Then instead of having a few scattered stars in the medical heavens there will be thousands, all radient with lustre, which shall at once constitute the glory of the profession and the land.

GENERAL REMARKS.

The case just described occurred before we had any knowledge of Dr. T. Thomson's gingival margin. Since we have become acquainted with this we have no difficulty in distinguishing between phthisical and other kinds of diarrhœa. This streak upon the gums is never found upon the gums in ordinary diarrhœa. Although it is not always present in phthisis, yet in all those cases of this disorder, where the intestinal mucous membrane is very much affected, and diarrhœa constitutes the principle feature of the disease, it is seldom found wanting. And where it is clearly defined I never hesitate a moment to pronounce the case tubercular. The margin will always be found the broadest and deepest in tint, and most extended as respects the number of teeth encircled, in all those cases where stomach and bowels have borne the principle shock of the disease.

And I am happy to say, that since the publication of my remarks in the Reporter for August 4, 1860, on Thompson's Gingival Margin a Sign of Pulmonary Tuberculosis, I have received several private letters from distinguished members of the profession, confirming the opinions advanced in that article.

Dr. Telephe P. Desmartis, of Bordeaux, France, writes to me under the date of November 13, 1860, informing me that the article just alluded to, had been translated and published in several French journals, and that he considered the gingival margin an infallible sign of phthisis. He also says. "That he has found it very useful in detecting the disease even in the pre-tubercular state, and has thus been enabled to employ prophylactic treatment with the greatest advantage, and that its merit is universally admitted."

I wish I could say as much for my own country. But I am satisfied that its importance is not appreciated here as elsewhere; and I have come to this conclusion for several reasons, 1st, I seldom if ever hear it mentioned in my conversations with members of the profession; 2d, it is never mentioned in the description of the symptoms of cases of phthisis reported in our medical journals; and 3d, it is never once named by our systematic writers on phthisis of recent date.

In that massive work of Dr. Lawson's, "Phthisis Pulmonalis," just published, there is not a syllable on this subject. It has been passed by in silent contempt. And this must have been intentional, for Dr. Lawson frequently quotes from Dr. Thompson's Lectures on Consumption, and it cannot be that he is uninformed on this subject. We can hardly overlook this omission, for we regard a knowledge of the Margin a matter of the greatest moment to those engaged in the general practice of medicine. It is, in our opinion, the most reliable sign we have of the tubercular diathesis, and as Dr. L. professes to give a full digest of all the principle topics connected with the history and treatment of phthisis, he should at least have given us one section on this important subject.

Short and Displaced Funis the Cause of Retarded Labor.

By John Swinburne, M.D.,
Of Albany, N. Y.

As but very little is said by authors in regard to the subject which heads this article, I take the liberty of reporting the following case:—

Mrs.——has borne three children, all of which were rapid and easy births. June, 1861, was taken in her fourth labor with every indication of a speedy and favorable termination. She continued in this condition with the head in the superior strait—advancing with each pain, and again receding. I could discover no cause for delay, the presentation being left occipito illiac.

After twenty-five hours active labor, the head suddenly passed into the inferior strait, and after two or three sharp pains, through the os externum. The cord was only fourteen inches long, and was coiled once around the child's neck.

From the shortness of the cord, the lividity of the child's face, the detached and partly expelled placenta, the presence of much fluid blood, and many coagula, the delay in the labor without any assignable cause, and the general cyanozed condition of the infant, I inferred that the short cord and its malposition was the cause of the delay in the labor.

By absolute measurement of the cord upon the infant, I found it could not have been delivered without the separation of the placenta, or rupture of the cord. The rapid expulsion of the child probably saved its life.

I was called, some months since, to remove a retained placenta where the child had been suddenly delivered, and the grandmother alleged that the cord was short, and that during the expulsion of the child, it was ruptured within the womb, close to the placenta. I did not see the portion removed from the child, but was informed that it was not more than six inches in length. May not such complications be a frequent cause of tedious labors?

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Pennsylvania.—Gov. Curtin has made the following Philadelphia appointments in some of the later Pennsylvania Regiments, and they are directed to hold themselves subject to orders from the Surgeon-General: *Surgeons*—Adolphus Patze, John Cox, Edward Shippen, James Collins; *Surgeon's-Mates*—Z. Ring Jones, Wm. T. W. Dickeson. Drs. Patze and Dickeson are ordered to Camp Washington, at Easton.

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Special Meeting of June 11, 1861.

Daniel Ayres, M.D., President.

WOUNDS OF THORAX, PERICARDIUM, RIGHT VENTRICLE OF THE HEART, DIAPHRAGM AND STOMACH; ALMOST INSANTANEOUS DEATH.

At a recent affray, an Irishman had been mortally wounded. Dr. Bauer received a requisition from the Coroner of the county to make the post-mortem examination, in which the above injuries were ascertained. The specimens exhibited to the society, belonging to this case, were—

1. Portion of the *left wall of thorax* with a wound, $6\frac{1}{2}''$ in length, commencing immediately below the third costal cartilage, and descending obliquely downward, through the fourth and fifth cartilage and the sixth rib, $\frac{3}{4}''$ from its junction with the cartilage, dividing also the intercostal muscles.

2. Fragment of *pericardium* and *diaphragm* from left side, each exhibiting a wound $2''$ in length.

3. The *heart*, with a penetrating wound of right ventricle $1\frac{3}{8}''$ in length.

4. The *stomach*, with a pentrating wound $1''$ in length in the anterior wall, about $4''$ from the left extremity, and midway between cardia and large curvature.

Shortly before the affray, the deceased had taken a hearty meal — the stomach had consequently turned its anterior wall upward, and closely approximated the diaphragm. This circumstance accounts readily for the injury of the stomach and the indigested food within the thorax, at the post mortem. Dr. Bauer was of opinion that a long-bladed, strong, sharply-pointed and keenly-cutting knife had been used; that is, had been plunged into the chest at the superior angle of the wound, and, by withdrawing, had cut downward, and had brought the diaphragm and stomach in contact with the instrument. Death must have ensued within a few minutes from hemorrhage.

COMPLETE RENT OF SMALL INTESTINE.

A little German boy had placed himself between the elastic wall and the scaffold of a ferry-slip. The incoming boat compressed his abdomen between the two. He died within eighteen hours of the accident. At the post mortem, the jejunum was found to be completely torn through, and the intestinal contents had escaped into the abdominal cavity. The specimen of this case was presented by Dr. Bauer.

RENT OF THE SMALL INTESTINE AND THE MESENTARY; MORTAL HEMORRHAGE INTO THE ABDOMINAL CAVITY.

At a late inquest upon the body of an Irish laborer, Dr. Bauer found the abdominal cavity of de-

ceased, filled and distended with blood (three quarts) and fragments of food. The cause was ascertained to consist in a complete rent (4″ long) of the mesentary near its origin at the spine, and a ¾″ large *round* wound in the jejunum. In exhibiting the specimen, the Doctor stated that there had been no external marks of the injury, except some echymosis below left Poupart's ligament, which had been traced to the extravasation of blood through the wound in the mesentary; it was part peritoneal, and consequent upon and not simultaneous with the wound.

He understood that the injuries had been produced by kicks against the abdomen, and he presumed that they had been inflicted laterally—otherwise he could not account for the laceration of the mesentary, which, in his estimation, was a rare occurrence.

LACERATION OF SMALL INTESTINES FROM A BLOW UPON THE ABDOMEN, ACCIDENTALLY INFLICTED WITH THE ELBOW.

Dr. Daniel Ayres exhibited a portion of the ileum, which presented an oblique rent about one inch in length. The subject of it was a sailor, who, whilst reclining upon the deck of a vessel late in the afternoon, was struck upon the abdomen by the elbow of another sailor who had fallen from the main-yard arm. The falling man was uninjured, and the other appeared to be only slightly concussed by the accident. Four hours afterward, he lay tranquil in bed; had no anxiety of countenance; neither had he vomited, nor complained of nausea; the respiration and circulation were undisturbed; in fact, he made no complaint, with the exception of slight soreness over the abdomen, although no evidence of injury was visible, and he had no tympanitis. The patient's mind was perfectly clear, and he insisted that "he was not much hurt, and nothing would signify."

Morphine was directed to be given in case pain should supervene; but he remained quiet, dozing occasionally until two o'clock on the following morning, when suddenly his pulse began to sink, extremities becoming cold, and death took place within nine hours from the receipt of injury.

On post-mortem examination, a considerable amount of digested food was found in the peritoneal cavity. Dr. Ayres called special attention to the remarkable absence of all symptoms which should indicate a lesion so serious in result, and the necessity of a guarded prognosis, even when unsupported by the usual indications of danger.

RHODE ISLAND MEDICAL SOCIETY.

A friend has sent us a copy of the *Providence* (R.I.) *Daily Journal*, containing the proceedings of this society, which we copy below:

The Rhode Island Medical Society held its fiftieth annual meeting in this city yesterday. The trustees of the Fiske Fund reported that they had awarded two premiums of $100 each: one for the best dissertation on "Aneurism, its varieties and their appropriate treatment," to Dr. Daniel D. Slade, of Boston, Mass.; dissertation on "Ozone, its relation to health and disease," to E. S. Gaillard, M.D., of Baltimore, Md. They offer for 1862 one premium of $100 for the best dissertation on the following subject:—"What evidence is there that inflammatory and febrile diseases have undergone any general change of type?" and one premium of $50 for the following subject:—"Gun-shot Wounds, particularly those caused by recently invented missiles."

New arrangements were adopted for the establishment of a permanent cabinet, for more frequent meetings, and for division of labor among the different departments of medical knowledge. It was also announced that arrangements have been made for a commemoration of the completion of a half century since the first establishment of the society.

Papers were read by Drs. E. M. Snow, of Providence, T. K. Newhall, of North Scituate, etc.

Dr. Snow presented an elaborate account of the disease lately prevalent in this vicinity among swine, with views illustrating the nature and causes of the cattle disease, and of epidemic diseases in the human species.

The following officers were elected for the ensuing year:

President—Charles W. Parsons.
1st Vice-President—Henry E. Turner.
2d Vice-President—Jarvis J. Smith.
Recording Secretary—H. G. Stickney.
Corresponding Secretary—E. A. Crane.
Treasurer—G. L. Collins.
Librarians and Cabinet Keepers—T. C. Dunn and T. Newells.
Censors—D. King, O. Bullock, G. L. Collins, J. W. C. Ely, J. H. Eldredge, W. A. Shaw, S. Clapp, C. H. Fisher.

Dr. D. H. Batchelder was appointed orator for the next annual meeting.

At the annual dinner, speeches were made by Dr. Henry W. Williams, of Boston, Rev. Dr. Dumont, of Newport, Drs. Mauran and U. Parsons, of Providence. Letters expressing deep interest in the society were read from Drs. Hemans, Storer, and Walter Channing, of Boston. Dr. Channing's letter closed with the following sentiment:—"The Rhode Island Medical Society, for its wise, gracious, and successful ministry in disease; and the State of Rhode Island, for its prompt, its practical, and its sublime patriotism, at the call of a threatened country."

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Parsees for Army Surgeons.—A petition has been presented to the British parliament by Parsees residing in England, in favor of granting permission to a Parsee, who has properly qualified himself, to be permitted to present himself before the examining board of the army. He was excluded from the examination by the army medical department, on the ground that he, as a native of India, would not be fitted to serve in the army in a cold climate.

The report of the Molyneux asylum for blind women, in Ireland, states that there are 4,000 blind women in that country, and nearly as many of the other sex. Dr. Wilde thinks there are a greater proportion of blind in Ireland than in any other country of Europe, save Norway. There are 1,700 blind paupers in the Irish workhouses.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of Medical Journalism.

By O. C. Gibbs, M.D.,
Of Frewsburg, N. Y.

QUININE IN PUERPERAL FEVER.

In the *Lancet and Observer*, for June, Dr. B. G. Woodworth, of Fort Wayne, Indiana, has an article upon the treatment of puerperal fever with quinine and opium from the very first. He would give quinine in from four to five grain doses, in combination with from two to three grains of opium, and to be repeated every three or four hours. He says, "I have now treated about twenty-five sporadic cases with quinine and opium, without any deaths." In regard to such treatment, he says: "I am well aware that both quinine and opium have been given by others, but I am not aware that they have been given in the first stage of the disease, or given combined." If the Dr. will turn to the *Lancet and Observer* for May, he will find that we then and there advocated *quinine* and *opium*, in combination, in puerperal fever, in as strong terms as we were capable of using. If we rightly remember, we advocated this treatment in the *Medical Counselor*, for 1856. On November 24, 1856, Dr. Piedagnel communicated to the Academy of Sciences, Paris, the fact that, in an epidemic of puerperal fever, he had employed quinine successfully as a preventive of the disease. As a *preventive*, the dose did not exceed two grains; but, so soon as symptoms of fever appeared, the dose was increased at once to five, ten, or fifteen grains. This was certainly commencing with it early. An account of this method of treating puerperal fever, was copied from the *Gazette Medicale* into the *American Medical Monthly* for April, 1857. Before the Paris Academy of Medicine, early in the year 1858, M. Bean read a paper upon the treatment of puerperal fever with quinine. He gives, from the first, from ten to twelve grains of quinine every eight hours. He says, "The next day there will be less heat of the skin, the pulse will be less frequent, the patient will feel better, etc." Dr. Alex. Hadden and Prof. Barker, both of New York, have recommended quinine, under certain circumstances, in this disease. It is a little remarkable that good physicians should take such extreme views in regard to the treatment of this fever: some relying wholly upon large and repeated bleedings, others trusting as confidently to quinine and opium. We certainly wish we could prevail upon some of our friends who are in the habit of bleeding their puerperal cases so very largely, to trust their next case to five grains of quinine and two or three of opium, to be repeated every three or four hours. We think they would be greatly surprised at the result, and our faith in this matter is based on experience. We should have observed that Dr. Leudet, so far as we know, was the first to put the preventive powers of quinine to the test, in this disease. His observations were made in the Hospital of Rouen, in 1843.

We wish to make one remark here that we do not remember to have seen made elsewhere. In malarious districts, cases of puerperal fever occur often that are but miasmatic fevers, modified by the puerperal state. In such cases, of course, quinine is the all-important remedy. Dr. J. A. Windle, of Indiana, in the *Lancet and Observer*, for August, 1860, recommends quinine in full doses, both as a preventive and curative agent, in puerperal fever. The same journal containing Dr. Woodworth's, also contains an article from Dr. E. M. Morrison, of Ohio, in which quinine is recommended as a preventive of puerperal fever in patients who have ague at the period of labor.

CAUSE OF MILK SICKNESS.

In the *Lancet and Observer*, for June, Dr. S. C. Chase, of Harmar, Ohio, has an article upon the cause of milk sickness. Aided by Dr. Brown, he thinks he has investigated the subject carefully, and he is quite satisfied that the *rhus toxicodendron*, fed upon by cows, is the primary cause of the disease. This is not quite a new idea. It was advocated by the late Daniel Drake. Dr. Drake investigated the subject very carefully, and any opinion he might advance was certainly worthy of respect and consideration. Dr. Read of Ohio, in 1832, and Dr. Simpson, of Kentucky, in 1839, both investigated this subject, and their conclusion, reached independently, was that the primary cause was some vegetable consumed by the cows, which vegetable was peculiar to *new* lands. As the *rhus* does not grow upon old pastures, or fields that have been long subject to cultivation, these opinions harmonise very well. It may not be improper to observe that Dr. Westrumb was of the opinion that the milk of the cows was poisoned by the cows partaking of a species of spurge (Euphorbia ensula.)

The most careful observations upon this subject, of which which we are aware, were made by Dr. J. C. Nagle and reported for the *Nashville Journal of Medicine and Surgery*, and published in October, 1859. Dr. Nagle is quite confident that the primary cause is to be found in the *fungus of grass*. We believe that Prof. Slack has advocated the same opinion. Prof. Yandell, in attempting to prove that there is no such distinct disease, says that "cows feeding upon blue-grass pasture destitute of all other

vegetation, have suffered from it." Admitting the fungus of grass to be the cause, the above fact would loose force as an argument.

To us it does not seem irrational to suppose that more than one agent may be able to produce that disease known as milk-sickness.

ABORTIVE TREATMENT OF TYPHOID FEVER.

In the *New Orleans Medical Times* for May, Prof. Austin Flint has a clinical lecture upon the above snbject. In regard to the utility of abortive means, his own opinions are not settled. He has made some observations upon this point, and thinks the results justify further trials of remedies to this end. Prof. Fenner warmly advocates the use of quinine in large doses, combined with opium, Prof. Flint made trial of these remedies with the following results: To the first case opium and quinine were given, the former in two, the latter in *five* grain doses, three times a day; The fever ran a mild course, and the patient was discharged on the fourteenth day. In case second, opium was given in two, and the quinine in ten grain doses, and the duration of the disease was but eight days. As the amount of opium given in the second case was the same as in the first, and the quinine doubled, and the duration of the disease shortened nearly one-half, it would seem to give encouragement to the larger use of quinine as an abortive measure. In the third case, opium was given in *four* grain doses, three times a day, and quinine was not given at all. In this case the duration of the disease was disease was but seven days. This would seem to indicate that the opium was the more important agent of the two, to which conclusion we think Dr. Flint inclines. It should be mentioned that, in the last case, the omission of quinine was somewhat compensated for by the administration of one ounce of brandy, three times a day, commenced with on the third day. We think one other trial should have been made—a trial of opium in four grain, and quinine in ten or twelve grain doses. The do-nothing plan of treating typhoid fever, as practiced by many, under which such cases protract through from four to eight weeks, we think is hardly doing justice to those who place themselves in our hands, and pay us for the best effort of our skill. The remedial powers of quinine, we are confident, are not sufficiently appreciated by the profession. This combination may not be adapted to all cases, but having given it in puerperal fever, pneumonia, and a variety of other febrile diseases, with a success that is quite satisfactory to us, we should not fear to give it a trial in nearly every case of typhoid fever. Such cases here have been remarkably few, but to such as have fallen under our charge in the last two years, we have given the remedies, in smaller doses it is true, but oftener repeated, and never to our regret.

CHLORATE OF POTASH IN CASES ACCOMPANIED WITH URIC ACID DEPOSITS.

In a lecture upon uric acid, delivered by Prof. J. L. Crawcour, and published in the *New Orleans Medical Times*, for May, it is stated that uric acid deposits occur mostly in diseases accompanied with deficient oxidation, and are really the result of disintegration of the nitrogenized tissues of the body. Prof. Crawcour says, "acting on this view, I administered to a patient suffering from uric acid deposit, the chlorate of potash, a salt which is said to increase the amount of oxygen in the blood, and whether *post hoc*, or *propter hoc*, I know not, but certainly the deposit completely disappeared."

This fact may form an indication for the use of the chlorate, and explain in some measure its mode of action.

PUERPERAL CONVULSIONS.

In the *Chicago Medical Journal*, for May, there is an editorial upon this subject. The author, Prof. J. A. Allen, says, "Generally the convulsion is a reflex nervous phenomenon, by no means analogous to those resulting from apoplexy or encephalic inflammation." In regard to treatment, he says, "it is safe to say that excessive bloodletting in puerperal convulsions is not in accordance with the dictates of modern science—nay, more, it is utterly opposed to them. Repeated bloodletting in the same case is either preposterous or worse. Chloroform or ether, the warm bath, properly selected narcotics, or even stimulants in their modern use, have wonderfully lessened the terrors and dangers of this formerly fatal difficulty." Our readers may remember that, in the Reporter for Sept. 3d, 1859, Dr. N. D. Ferguson reported a case of puerperal convulsions, in which about *one hundred* ounces of blood were taken and the patient recovered. We consider this a little surprisable, and are confident that the convulsions were increased in number and prolonged in duration by the treatment. In the same No. of the Reporter, Dr. F. McGrath, of Pittsburgh, reports a case in which the patient was at once taken from a state of danger to safety by the inhalation of chloroform. Dr. McGrath seemed surprised at the result, and spoke of chloroform as though it were a new remedy in such cases, having been used only by Dr. Tracy, of Melbourne, Australia. In this section, we believe, all cases of puerperal convulsions have, for several years, been trusted to chloroform, and we have not heard of a case of death from that disease in this locality. In the last six or seven years, our friend Dr. Strong, of Westfield, N. Y., has treated many cases with chloroform, and with uniform success.

The opinions of Prof. Allen correspond with our own. We believe more women have died

in child-bed from the lancet than from convulsions. Our text books had taught us to bleed, bleed largely, bleed repeatedly, in puerperal convulsions. Our first case was a patient exsanguined, and with an excessively irritable nervous system. To bleed, seemed murder, we threw aside authority, gave opium, camphorated brandy sling, and ether by inhalation, nothing could have acted better. Since the discovery of chloroform, we prefer it. In more than twelve years' experience, we have not lost a case of puerperal convulsions, nor a woman in child-bed. Eschewing the charge of egotism, we mention this fact as evidence in favor of neglecting bloodletting in such cases, and trusting to more rational means. Prof. White, of Buffalo, says, "puerperal convulsions is a disease *sui generis*, not apoplectic, nor epileptic; hence bleeding is seldom necessary."

In the last five years, we have treated perhaps eighty cases of *hysterical convulsions* with this remedy, and with the happiest results. Two or three minutes is quite sufficient to stay the worst case we ever saw. A little, afterwards, at intervals, is quite sufficient to prevent their return, and in the meantime, other remedies can be brought to bear upon the case. It is never necessary to carry the remedy to its full anæsthetic effect, nor even to that point at which danger commences. In many, we might say *most*, cases of convulsions in young children, it is equally appropriate and successful. Their extremely impressable nervous systems are oftener the cause of the convulsions than congestions, inflammations, etc. Let those who are in the habit of drawing blood by the quart, and that too in feeble patients, try the chloroform, opium, etc., before they condemn such means. Under these large and repeated bleedings, a patient, if she recovers at all, does so through a long and tedious convalescence. With chloroform, the convalescence does not differ from an ordinary case.

CIMICIFUGA.

In an editorial article in the *Chicago Medical Journal*, for May, the properties of the cimicifuga are spoken of. We make one quotation: "We suggest that the cimicifuga is useful in both epilepsy and chorea occurring at or about puberty, from the ages of 11 or 12, to 18 or 20. It is comparatively worthless, either before or after these periods. During this time, it controls these diseases with an efficiency unequalled by any other remedy with which we are acquainted. The larger proportion of cases occurring at this age, whether in the male or female, are evidently connected with derangement of the sexual system, and this particular derangement is controllable remarkably by the black cohosh. It ought to be added that the decoction is worthless for this object, the fluid extract unreliable, the powder too bulky and often nauseous. The best form is the saturated tincture of the fresh root. Of this the medium dose is a fluid drachm three or four times a day, continued until a sensation of tightness, or of a band drawn closely over the eyebrows, is produced, when the dose or frequency may be lessened.

CHLORATE OF POTASH.

In the *American Medical Times* for June 8th, Dr. S. H. Smith, of New York, has an article on the remedial properties of the chlorate of potash, in which some new properties are ascribed to it. After speaking of its good effects in chronic bronchitis and typhoid fever, as recommended by Dr. James Copland nearly thirty years ago, he expressed the opinion that its greatest value is as a *prophylactic*. He says: Given in conjunction with quinine and mild aperients, I have seen it repeatedly stave off attacks of fever during epidemics, even of 'Irish emigrant' or 'ship' fever; the premature laying aside of the medicine being followed by immediate return of the threatening symptoms, again to be dispersed by a recurrence to its use. In the state of constitution favoring the eruption of boils, felons, whitlows, and carbuncle, I have perfect confidence in the curative powers of the same prescription."

We object to this wholesale ascription of all the benefits to the chlorate, and thus robbing the "quinine" and "aperients" of their share in the glory. As a prophylactic against fever, we certainly think the quinine is not *second* to the chlorate, though the conjoint action of the latter may increase its power for good.

Dr. Smith says further:—"A long experience of the value of the preparations of chlorine in adynamic conditions, caused by or accompanied with a presumable septic change in the blood, has led me to make trial of them in those forms of *mental* disease associated with an unusual lividity and coldness of the lips, extremities, and sometimes tip of the nose, evidently due to an embarrassed capillary circulation, and that, as I conceive, ascribable to some morbid condition of the circulating fluid itself." . . . . "Again and again has the use of the chlorate of potassa corrected the condition of the circulation in question, *when all other means had been tried in vain*, speedily removing or diminishing the lividity, coldness, and sluggish movement, with a corresponding improvement in the health of both body and mind."

His maximum dose is ten grains. It will be seen that Dr. Smith's views harmonize somewhat with those given above, and taken from Crawcour's lecture. It is in adynamic conditions, with accompanying evidences of undue aeration of the blood, that he derives such great advantages; it is in such cases that uric acid deposits occur, and in which Prof. Crawcour would advise its use.

The chlorate of potash was once in as great repute as now. As it has lately been brought into notice as an important remedy in consumption and scrofulous diseases generally, and as this is supposed by many to be a novelty, it may not be uninteresting to make a quotation from Prof. T. D. Mitchell upon this point:

"This salt was at one time much employed in the treatment of pulmonary consumption. Dr. Kolen, of the Berlin Hospital, gave it with a pretty liberal hand, and was one of its *most sanguine admirers*. His favorite prescription was as follows:

℞.—Chlor. pot.	- -	℥ ji.
Aq. distill.	- -	℥ iv.
Syr. althæa,	- -	℥ j.

"Dissolve the first two and add the syrup named, or any simple syrup. The dose is a tablespoonful four times a day.

"Some physicians in this country made repeated trials of the chlorate in various forms of the same disease, but not with sufficient success to warrant us in reposing much confidence in it as a means of doing service to consumptive patients." . . . "Its happy effects, in some cases of scurvy and in malignant scarlet fever, show pretty clearly that it makes a deep impression, and a good one, too, on the blood." . . . "The same salt has been employed with good results in the treatment of unhealthy ulcerations." See Mitchell's Therapeutics, pp. 695, 696.

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Dr. Benedict, of New Orleans, having used it in his practice for a year, recommends the following recipe in the treatment of diphtheria. He has never lost a case:—"Gargle or wash the inside of the throat frequently with a teaspoonful of tincture of black cohosh, diluted with water. Commence using it on the first symptoms of soreness or inflammation. It does not burn or cauterize, but soothes and relieves the irritation. Do not swallow, as it would nauseate. Continue the use once in two hours until relieved. The tincture can be found at any drug store." Or it may be found as a common plant in many portions of the United States, and may be made into tincture with alcohol.

M. Burral, of Parris, communicates the important discovery that rain water contains a notable quantity of phosphoric acid, probably in the form of phosphate of lime, carried by the wind as dust, or a phosphoretted hydrogen, from the putrefaction of animal waters. He computes that 440 gallons of rain water contain from thirteen to fifteen grains of phosphorus, and that the atmosphere delivers annually to the soil 2,400 grains per acre.

The Society of Pharmacy, of Paris, has offered a prize of 6,000 francs, to which the Minister of War will add 4,000 francs, for the discovery of a substitute, possessing equivalent febrifuge properties, to quinine, or for the artifical formation of that alkali. The prize is open till July 1, 1861.

Dr. E. M. Hale recommends the following embrocation for inflammation of the mammæ:

℞.—Fluid extract of aconite,	-	1½ oz.
" " " phytolacca,		1 oz.
Iodide potassium,	- -	1 drachm.
Warm water,	- - -	1 pint.

Wet linen compresses, and apply constantly. No application with which I am acquainted will so surely prevent tumors of the mammæ from taking on the suppurative process. Even if suppuration have taken place, it resolves the indurations, and relievesthe pain.

The following recipe for diarrhœa and cholera symptoms we find in the secular papers. It is said to have been used by the troops, during the Mexican war, with great success, checking the diarrhœa, and other premonitory symptoms of cholera, immediately. It is as follows:

Laudanum, spirits of camphor, essence of peppermint, Hoffman's anodyne, each 2 ounces; tincture cayenne pepper, 2 drachms; tincture ginger, 1 ounce. Dose, teaspoonful or half a teaspoonful every half hour, in a tablespoonful of brandy.

A new phase or sequel of diphtheria is mentioned by Dr. Pitcher: that of paralysis. In a case at Stattsville, there was almost complete paralysis of the lower extremities and loss of speech. The patient recovered gradually under the use of tincture of nux vomica and iron. Dr. P. learned, from a conversation with Dr. Swinburne, of Albany, that this sequel is getting to be quite common there.

Dr. S. Wells Williams, for 20 years a resident in China, has observed but two instances of insanity among the Chinese in that period. Idiocy is more prevalent. The panna root, an African product of the ansepidium anthamanticum, is claimed to be an infallible remedy for tænia.

M. Blaschko recommends chromate of potash, one and a half grains; lard, one ounce; as a certain remedy for warts of long standing.

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The Governor of Massachusetts has commissioned Dr. Wm. J. Dale, of Boston, as Surgeon-General of the forces of that State. The following gentlemen have been examined, and the first four have been commissioned:

1st Regiment, Dr. R. H. Salter, Surgeon; Dr. S. A. Green, Assistant-Surgeon. 2d Regiment, Dr. L. M. Sargent, Surgeon; Dr. L. R. Stone, Assistant. 3d Regiment, Dr. C. A. Chamberlain, of Northampton, Surgeon. 4th Regiment, Dr. S. A. Holman, Surgeon; Dr. Z. B. Adams, Assistant. 5th Regiment, Dr. Peter Pineo, Surgeon; Dr. P. A. O'Connell, Assistant. 6th Regiment, Dr. Luther V. Bell, Surgeon; Dr. Foye, Assistant.

Dr. Geo. H. Lyman has been added to the Board of Examiners.

The Number of Deaths in Boston for the week ending Saturday, June 15, was 67; males 31, females 36, of which, from phthisis 14, pneumonia 7.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 29, 1861.

A WORD ABOUT OURSELVES.

The unsettled condition of affairs in our country is exceedingly trying to persons in all departments of business, interfering with plans and arrangements that required years of labor, and occasioned great outlay in money to perfect. Whatever inconveniencies others may have experienced on this account, we have met with our full share. A large proportion of our subscribers resided in those States which, since last fall, have been gradually withdrawing their connection with that portion of the Union in which we reside. And now, by the discontinuance of all postal facilities, the severance from a large number of States is, for the time being, complete. We have, in consequence, lost for a while a very large and profitable constituency, one whose loss has seriously affected our income. Still, the rapid increase of our circulation in those States to which we still have access, has made this loss relative rather than actual, in respect to numbers; for a much larger edition is required now to supply our subscribers, than was requisite six months ago, as what we have lost in one portion of the country, we have more than made up in other portions. But for this encouragement our embarrassments would have been very much more serious than they are.

But our embarrassments have not, by any means, all been of a pecuniary kind. Circumstances more or less connected with our national affairs deprived us of our assistant editor, and of several collaborators in different localities, who labored with us to add to the interest and usefulness of the Reporter. This, for a time, threw additional burdens upon us, and necessitated new arrangements. Happily those arrangements are now perfected, and we are relieved of labors that it was utterly impossible, with our other duties, to perform properly. We have secured the services of a competent assistant editor, who will always be found at his post, devoting his energies to the editorial management of the work. Our numerous readers in New England will be glad to learn that we have employed a competent correspondent, residing in Boston, who will keep us fully apprized of matters of interest in that part of the country. The same is true also of New York, Cincinnati, and other localities. We have also engaged the services of several correspondents in the army, whose communications will always be found interresting and profitable.

In the department of original communications, we never had more valuable material and a more full supply than we have now. In fact this is sometimes the source of another embarrassment—an *embarras des riches*. Dr. Agnew's papers on Topographical Anatomy increase in interest as he approaches the regions of the body, of special interest to the physician and surgeon, on account of diseases or injuries to which they are liable. Dr. Dutcher's series of papers on affections of the Pulmonary Organs, are highly appreciated by our readers, and are being reproduced in European journals. Dr. Garretson's articles on Surgical Diseases of the Mouth, possess a practical value that will make them particularly acceptable to our readers. We give, this week, the second of a series of papers on Water, by Dr. Francis, of New York. This is an exhaustive, classical production, and will be found to contain much practical and useful information. A series of articles, in course of publication, on Military Hygiene and Diseases, etc., of the Army, will be found particularly useful at this juncture. There are other series of articles, on important subjects, in course of preparation for our pages, which will be published as rapidly as we can make room for them. The transactions of the Brooklyn Medico-Chirurgical Society are published officially in the Reporter, and always contain matter of great practical value. We shall also, from time to time, continue to give the proceedings of other medical associations in our principal cities. In the Periscope department, we have the services of Dr. O. C. Gibbs, who is well known to the profession as a writer.

This cursory glance at our present arrangements for making the Reporter acceptable and useful to the masses of the profession, will, we trust, convince its readers that it is our purpose to sustain the work with vigor, and, in this, we are happy to say we have the countenance of the profession of the country.

THE PHYSICIAN AND THE DRUGGIST.

The relationship between the physician and the druggist is a very intimate, and should be, in every way, a very honorable one. The physician has a right to expect of the druggist capability for the discharge of his duties—that he should use fresh and reliable drugs—that he should compound his prescriptions faithfully—and that he should charge no more for his medicines than will yeld a *fair* per centage on their cost and the time devoted to compounding them. When these reasonable expectations are not realized, the physician is annoyed in mind and injured in his business, to say nothing of the wrong done to the consumer.

This is particularly the case when prescriptions are compounded at the fashionable drug, segar, and perfumery stores on the fashionable thoroughfares of our larger cities, where the prices charged for drugs are often exorbitant in the extreme—and expostulation in regard to the heavy charge, elicits some such remark or inuendo as, "Then your physician should not prescribe such expensive drugs," etc.! This evil sometimes amounts to actual swindling, and its influence tends to prevent people seeking the advice of physicians when they are ill, as also to uphold quackery by giving color to the plea, so often made in its support, that the cost of the attendance of the regular physician is so great, because in addition to the cost of the advice and attendance of the physician, the druggists' bill often equals, if it does not exceed that of the physician.

Many of our readers know that there is too much ground for this complaint, and that many are induced to tamper with some of the various forms of quackery, with the idea of saving money thereby, and, *perhaps*, being as well treated as if attended by a regular physician. This is a specious and very effective argument in the interest of homœopathy, and brings much gain to its practitioners. "Our doctor," they say, "carries his own medicines, and you save the expense of a bill at the druggists." But the homœopathist does charge for his pellets and tinctures, and at a per centage on the original cost that puts to the blush even the extravagant charges of the druggist. Twelve cents for a dozen powders is certainly "very cheap," but when a dozen or more are taken a day, and the treatment is persevered in for a lengthened period, we do not know that much is gained after all in the cost of medicine. It is no uncommon thing for a new convert to homœopathy to be inveigled into the purchase of a case of remedies and a hand-book of homœopathic practice, and if he should prove a very zealous convert, he will find aches, pains, and ailments enough of head and heart—of body and mind—to cause a pretty constant drain upon his stock of domestic remedies. And then, his frequent failures to obtain relief on his own prescribing, necessitate repeated calls on his "family physician" who provides remedies from his own, perhaps, more potent stock. So that, although the extravagant charges of the druggist may have driven many to homœopathy, we do not think that, after all, they have gained anything on the score of cost by the change. The same may be said of the more bulky remedies of the charlatans, the merits of whose medicines are heralded in the advertising columns of our newspapers, and who vie with each other as to who will give the greatest bulk for the smallest amount of money. Almost unconsciously to themselves, invalids, sometimes, expend large sums of money on these empirical remedies, which more frequently prove injurious rather than beneficial to them.

But all this does not justify the druggist in making extravagant charges for compounding the prescriptions of the physician. Instances have come to our knowledge where physicians have attended gratuitously in poor families who have taken their prescriptions to the druggist, who has charged enough for compounding them to remunerate both himself and the physician. We have, sometimes, thought that despite the many advantages resulting from having medicines prepared by competent druggists, there would, on the whole, be much gain to society if physicians would return to the old plan of compounding and dispensing their own remedies. Certain it is, they should discountenance the outrageous charges often made by druggists for doing this work.

REGISTRATION OF MEDICAL PRACTITIONERS.

Our venerable cotemporary, the Boston *Medical and Surgical Journal*, in commenting upon the late act of the Louisiana Legislature upon this subject, urges the importance of a similar enactment by the legislature of Massachusetts, as a means of protecting "the medical profession and the community at large, from the hitherto unbridled license of every ignorant pretender who chooses to assume the title of physician." It says, "it has long been a source of unutterable disgust and sorrow, that with all our self-glorification and complacency at our superior educational advantages and enlightenment, the popular mind is still as ready as ever it was to be deluded by every absurdity which shameless assurance chooses to present to popular credulity." The remark is true. The man of scientific attainments and of real worth in the profession, often finds himself entirely overshadowed by the mushroom doctor that, like Jonah's gourd, grew up in a night. How shall he protect himself? The people are all agog for the "swell." Learning is nothing, science is nothing, merit is no criterion. Suppose the law proposed by our cotemporary be enacted, and a registration be completed, setting forth that Mr. A, B, C, and D, are "regular practitioners of medicine," that is, have passed through a "regular" course of study, and have received a diploma from some "regular" college of medicine and surgery. What does it more, than to show to those who recognize the validity of such documents, that the gentlemen named have come into the medical fold by the "door," and have not "climbed up some other way." If it does no more than this, what benefit is to result from asking our legislatures, already inclined to recognize every pretender in medicine as legitimate, and to place intelligence and ignorance in the medical profession entirely upon a level, to enact such a law?

And then again, should there not be some standard by which the pretensions of each claimant to the distinction of doctor should be tested? Shall the State legislature be asked to make that standard? But suppose that body should recognize the "hydropath," the "Indian doctor," the "cancer curer," the "spiritualist," the "mesmeriser," *et id omne genus*, and direct the authorities to place their names also among "regular practitioners?" So, also, if the "movement we indicate should be well matured, and proceed from no less responsible a body than" a State Medical Society, would the case be materially changed? If such a law were enacted by one legislature, a subsequent one might alter, amend or abrogate it, and thus the farce of "marching up the hill and then marching down again" would be reproduced. In our view, if any body of men are to fix the standard of "regularity" in the medical profession, it should be the American Medical Association. Let that body mature so important a measure, if it be done at all. Give the legislatures of the various States a wide berth. But rather we would say, let the profession elevate itself by close observation of disease in all its forms; by careful and accurate diagnosis; by a skilful application of remedies to existing lesions; by a thorough knowledge of medicine in all its branches. Leave quackery to feed on what it may. Never elevate it to dignity by questioning or opposing it. Let the physician be a thorough proficient in his profession. Let eminent attainments be required in all our medical schools and colleges, and the medical profession, and the community will, sooner than in any other way that can be devised, be rid of quacks and quackery. For ourselves, we have no faith in legal enactments to bolster up medical science, or to throw around the profession a barrier over which quackery cannot step. Away with them. If the science of medicine cannot stand, and make headway against arrant quackery and imposition, without leaning upon a legal prop for support, better that it should fall.

And still we have no objection to the *registration* of medical men. The idea is a good one. It is well to know who have come legitimately into the profession. Our objection lies against the idea of *State enactments* to compel such registration to be made, or to distinguish the "regular" from "irregular" practitioners.

NOTE TO READERS AND EDITORS.

We direct the attention of the readers and friends of the Reporter to the note below, as one of the methods by which we propose to add to its interest, and make it an indispensable requisite to every Practitioner of Medicine. Eds.

The undersigned for the last year and a half has been engaged in preparing a *Monthly Summary of American Medical Journalism*. This labor, we have reason for believing, has been favorably received by the profession. For personal reasons, and because he would thus address a *larger* audience than before, he has concluded to transfer his labors to the Medical and Surgical Reporter. Editors who have sent their journals to the undersigned, are respectfully and respectively requested to *continue* to do so. To all journals complying with such request, a *duplicate* of the Reporter will be sent, *if desired.*

O. C. Gibbs, M.D.

Frewsburg, N. Y.

The press of excellent matter obliges us to omit two pages of advertisements this week, a circumstance which none of our subscribers will regret, we presume.

Correspondence.

[We cannot refrain from presenting our readers with the following letter from a subscriber in one of the "seceded" States. It is one of many that have been permitted to reach us, breathing the same sentiments. Comment is unnecessary.]—Eds.

————————, *May* 13, 1861.

Messrs. Editors:—I presume the time for which I have paid for the "Reporter" expires next month. I am truly sorry that the state of the country forbids a renewal of my subscription. I shall miss your weekly visits more than I had anticipated. It is true that, for some weeks past, those visits have been somewhat irregular, yet none the less welcome. Should the benignant smile of peace ever again greet us, I shall embrace the first opportunity to renew your acquaintance, and I hope it will be in your power to supply all the back numbers, though contention and strife may last for years. I deplore the present state of affairs. God knows I would willingly lay down my life if that would heal the breach. I have been an uncompromising Union man, and when we elected delegates to a conditional State Convention on the last day of February, the precinct at which I voted, and in which I live, gave only four secession votes to sixty-nine Union. To-day we elect delegates again, the people having voted down the other convention. They meet on the twentieth, and then we shall be taken out of the Union. Farewell to the stars and stripes! Farewell to greatness and glory! Farewell to the country around whose unity and prosperity the hopes of millions were centred! A long and a last farewell to liberty, both civil and religious! *Ichabod* is written upon our altars, and anarchy and bloodshed are before us. All the work of demagogues, and old bankrupt political hacks and office-seekers. It is sad, sad, too sad to dwell upon.

Wishing you both health, happiness, and prosperity, I remain,

Very truly,

M.

NEWS AND MISCELLANY.

Burd Orphan Asylum.—We notice the work on this institution is rapidly progressing. The style of architecture is pure Gothic. The plan of the buildings is cruciform, four buildings in the shape of a cross, connected by corridors. Every apartment will, therefore, be easily and completely ventilated, and there will be no dark rooms. Bath rooms and water-closets will be upon each floor, the stair-cases are all to be of iron, and each building is to be entirely detached from the others, so that in case of fire communication can be entirely cut off. It is to be of sufficient capacity to accommodate one hundred children with teachers, nurses, matrons, etc. The two centre buildings, the north wing and out-buildings, are to be completed at once. The grounds, twenty-four acres in extent, are to be beautifully laid out, and will contain a milk-house, a play-house, a large pond for bathing, etc. This institution occupies a rise of ground outside the Twenty-fourth Ward, and will not only perpetuate the memory of its beneficent founder, but will add another to the already abundant charities of the city.

St. Joseph's Hospital.—This hospital, situated on Girard avenue, below Sixteenth street, has been enlarged and improved by the addition of a new wing, at a cost of $25,000. It is fitted with all the modern improvements, gas, water through the building, heating pipes, etc. This hospital is intended mainly for persons without homes or families, who might be badly attended to during sickness in boarding houses. The charges are $3 per week in the public wards, and $5 to $7 per week in private rooms. About seventy persons can be accommodated.

Dr. James Moore has been appointed Surgeon, and Dr. Wm. C. Todd Assistant-Surgeon in Col. Chantry's regiment.

The Interments in Philadelphia from the 15th to the 22d inst., were 266; males 126, females 140; adults 95, children 171. From phthisis 28, typhoid fever 5.

Death of Count Cavour.—The death of Count Cavour has filled all Europe with grief and consternation, and "mingled with these feelings," says the *Medical Times and Gazette*, "there is one universal sentiment of execration at his medical advisers." The *Lancet* finds it difficult to "read the accounts transmitted to us of his disease and treatment with patience." From those accounts, we gather that the Count's illness was a violent fever, accompanied with distinct remissions, and by cerebral congestion. He was bled three times on the first day of his illness; twice on the second, and a sixth time on the third; and when, finally, he was at the last point of weakness, and beyond the possibility of venesection, his bloodless and enfeebled frame was placed in a hot bath, and swathed in mustard plasters. The fever, repeated loss of blood, heat of weather, hot bath, and mustard poultices, proved too much for a frame already overtasked by diplomatic intricacies, and he sank under it June 6th, at seven A. M. Thus, says the *Lancet*, "was that great minister tortured and brought surely within the clutches of death." Regarding the Count's case as one of remittent fever, the *Times and Gazette* remarks that "it is like gambling with human life, or like borrowing money to be repaid with enormous interest, to get temporary relief by an expedient so rapidly exhausting," as the bloodletting proved to be in this case. To us, so far away, and only judging of the case as it is presented in the journals before us, it seems quite astonishing that physicians of such note, as were in attendance upon the distinguished man, should have so persistently followed a practice, which is almost unanimously condemned as injudicious, in such cases, by the best medical men of the age. Can it be possible, as suggested by the *Lancet*, that a life so valuable and "which could ill be spared, has been sacrificed to the antiquated prejudices of Italian physicians?" The case is a suggestive one, and we may recur to it again.

Wills Hospital.—Dr. Albert H. Smith has been appointed a Manager of this institution.

MARRIED.

Brooke—Brooke.—At Radnor, Delaware county, Pennsylvania, on the 19th instant, by the Rev. Thomas S. Yocum, Dr. John Brooke, to Hettie W., daughter of Mark Brooke, all of this county.

DEATH.

Handy.—Surgeon W. H. Handy, attached to Col. Lyle's Regiment, the National Guard of Philadelphia, now encamped at Locust Point, was found dead in his tent on the morning of the 27th instant. Probably disease of the heart says the letter writer. Dr. Handy was about twenty-six years of age, and was a son of the late Dr. J. H. Handy of this city, and a nephew of Professor Washington Handy, of Baltimore. He had just returned from a visit to his relatives in this city, and on the day before his death seemed in perfect health.

Answers to Correspondents.

Dr. S. R. D., Vt.—The "Epitome of Braithwaite's Retrospect" is published in two volumes, large 8vo., (900 pages,) bound in sheep for $7. The parts as they appeared can, probably, be obtained as below. "The Summary of Medical Sciences" is published semi-annually in April and October, at $2 per annum in advance. The first number appeared April 1; the second is not yet out. Charles T. Evans, 532 Broadway, N. Y., is the publisher, and will send both works at the prices named, (if within three thousand miles,) postage paid.

Dr. L. T., Mass.—The duplicate numbers of the Reporter may be returned to the office.

Dr. M. J. McK., Pa.—The bound volumes of the Reporter are ready.

Dr. A. P. D., Pa.—Morton's Illustrations on Phthisis is out of print, and not to be found in the city.

Dr. D. W., Ct.—The amount due upon your subscription is thirty-eight cents.

Dr. P. M. H., Ct.—Proceedings of Connecticut Medical Society, Vol. 1, No. 2, have come to hand.

Dr. J. L. D., Tennessee.—Your numbers have been forwarded, as requested, to the Kentucky Post Office.

Dr. J. S. C., Washington, D. C.—The Reporter from commencement of current volume, and vaccine virus have been forwarded to the care of the Colonel of your regiment, as requested.

Communications Received.

Connecticut—Dr. George W. Burke; Dr. Sylvester Main; Dr. W. S. C. Perkins; Dr. Datus Williams, with encl. *Massachusetts*—Dr. J. H. Keeler; Dr. B. F. Wilson, with encl.; Dr. W. R. Jenks with encl.; Dr. H. M. Walcott, with encl.; Dr. Geo. N. Thompson, with encl.; Dr. J. H. Payne, with encl.; Dr. D. M. Parker; Dr. J. H. O. Kelly; Dr. W. Ferguson, with encl.; Dr. S. H. Young, with encl; Dr. L. A. Busteed, with encl.; Dr. B. F. Campbell; Dr. J. H. Woodbury, with encl.; Dr. J. W. Hinckley, with encl.; Dr. M. B. Leonard, with encl.; Dr. S. F. Parcher; Dr. P. B. Morgan; Dr. Wm. Wheeler, with encl.; Dr. D. A. Johnson, with encl.; Dr. C. H. Walker, with encl.; Dr. Ira W. Bragg; Dr. John L. Fox, with encl.; Dr. J. C. Wilson, with encl.; Dr. W. N. Lane, with encl.; Dr. A. J. Cummings; Dr. C. G. Adams; Dr. Horatio G. Morse, with encl.; Dr. L. Traver. *Illinois*—Dr. B. Woodward; Dr. Wm. M. Knight; Dr. J. N. Morse. *Pennsylvania*—Dr. A. P. Dutcher; Drs. S. S. and R. S. Wallace; Dr. J. R. Levan; Dr. J. McKennon; Dr. W. F. Trout. *New Jersey*—Dr. J. Alfred Gray; Dr. G. R. Sullivan; Dr. B. B. Matthews; Dr. J. D. McAuley; Dr. Wm. D. Quimby; Dr. J. V. Robbins; Dr. H. F. Vandervier, with encl.; Dr. W. B. Ribble, with encl.; Dr. J. Maynard, with encl.; Dr. H. A. Hopper, with encl.; Dr. Chas. Hasbrouck, with encl.; Dr. T. B. Smith, with encl.; Dr. J. H. Barton, with encl.; Dr. Abraham Hopper, with encl.; Dr. T. F. Corson; Dr. A. W. Rogers, with encl.; Dr. C. S. Van Ripen, with encl.; Dr. H. Van Blarcom; Dr. E. Nott, jr.; Dr. M. Moss; Dr. H. D. Wynans; Dr. J. J. H. Love; Dr. Nathan S. King, with encl.; Dr. E. D. Ward, with encl.; Dr. Joseph A. Davis; Dr. S. Dailey. *New York*—Dr. Louis Bauer, (2), with encl.; Dr. R. R. Grigg; Dr. O. C. Gibbs; Dr. R. W. Clark; Dr. L. C. Hasell; Dr. Swinburne. *Ohio*—Dr. W. C. Moore; Dr. Jas. H. Estep, with encl. *Rhode Island*—Dr. S. W. Francis, (3). *Vermont*—Dr. S. R. Day; Dr. S. H. Currier. *Indiana*—Dr. F. C. Eckleman. *District Columbia*—Dr. J. S. Cohen. *Kentucky*—Dr. John S. Davis.

Office.—Rev. Dr. R. Hamill, Nassau, West Africa, with encl.; Dr. Miller, with encl.

Swain.—Dr. Geo. D. Salmon; Dr. B. Wigart; Dr. Pfifer, with encl.; Dr. Welch, with encl.; Dr. Ashcroft, with encl.; Dr. Pemberton Dudley; Dr. Fegtmayer, with encl.; Dr. Rochenberger, with encl.; Dr. J. F. Blake; Dr. Sleeper, with encl.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anomalous Tumors.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Diseases of the Mouth—*Continued.*

Scurvy is not an unfrequent cause of formidable epulic tumors.

In Norway, where scorbutus is endemic, such tumors are most common.

A treatment, anticipatory of an epulo-scorbutic tumor, would be treatment directed against the incipient stage of the scorbutus itself.

All scurvy yields a greater or less tumefaction of the gums, but such tumefaction is regular, and may not be classed properly with tumors, as by common consent the term is understood and applied.

A scorbutic mouth could scarcely be mistaken, while the general cachexia might.

Scorbutus has every shade of character, varying from the seeming malignancy of extreme sea-scurvy, to a form of land-scurvy so mild as scarcely to require attention.

A scorbutic mouth presents the following pathognomic feature:

The gums are swollen, turgid, and passively congested; they have a dirty, dark-red, semi-fungoid look. The natural association with the neck of the teeth is lost, the dental border being jagged, ulcerated, and pus-making. The congestion, extending to the alveolo-dental membranes, the teeth, (as in ptyalism,) are raised from their sockets and loosened. The gums bleed freely, but not openly and generously; the hemorrhagic process seeming one of oozeing, or draining, rather than dynamic.

The local, oral effects of the milder forms of scorbutus, occasionally present very circumscribed features, the whole force of the disease being spent apparently on a quite limited portion of the gum. I have seen, and treated such conditions, over and over again. The cause lies in an inviting irritation caused by diseased teeth. I have never seen a case where such circumscribed scorbutic sore mouth was not so associated, and I infer, therefore, justly, I think, that such irritable condition of parts is the cause of the selection.

Scorbutus being a systemic disease, general treatment is, of course, indicated; but the best and speediest local treatment for the unhealthy mouth I have ever employed, is as follows:

Remove, imprimus, from the arch, all badly diseased teeth: this is the first and an important step. Next, take a sharp lancet and cut between each of the remaining teeth, down to the bone; commence your incisions at a point opposite the apices of the fangs. Let the parts bleed until the hemorrhage ceases of its own accord, then, with a soft brush, paint the parts over lightly with tinct. of iodine; repeat the iodine every day, and the incisions twice or three times in the week. The very first day will show the most decided improvement. If this plan of treatment is once tried, the practitioner, I am sure, will feel that he requires none better. There is, however, a single caution respecting the employment of the iodine. If the vital force of the gums be very low, be sure and have your tincture not too strong. The ordinary officinal answers very well.

Epulo-scorbutic tumors are outgrowths and degenerations of the gum itself; they may or may not have association with the periosteal or periodontal membranes. In character, they are fibroid, and not unfrequently fibro-plastic. In their earlier stages they might be likened, or indeed they are perhaps, hypertrophic indurations of certain portions of the gum itself.

The treatment of these tumors, is, however, a nicer point to make out than their diagnosis, such treatment must range between that I have just given, and the operations for resection.

Epulo-scorbutic tumors are certainly benign in their origin; but they tend like most fibro-plastic tumors, to degeneration. The practitioner should hope for much from a vigorous anti-scorbutic general medication.

There is a mercurio-fungoid excrescence of the gum occurring not unfrequently where this medicine has been pushed to an improper extent, and which may be considered very justly at this point.

When mercury is employed in excess, the gums become turgid and swollen, differing, indeed, very little from the scorbutic conditions described, certainly the only very marked distinction being in the odor of the breath.

I have seen the gums, in such cases, so fungoid as to almost completely overhang the teeth.

Treat such fungoid gums locally, just as I have directed in the last case; the rapidity of the cure is really wonderful. I need not suggest the constitutional medication necessary, I would say, however, that so far as I individually am concerned, I think I have gotten my best effect from the potassæ chloras.

Two years ago, I was consulted by the mother of a little girl suffering from necrosis of the left portion of the body of the inferior maxillary bone, the result of an improper application of iodine to a mercurially affected mouth. The vitality of the gums had been very much reduced through the severity of the ptyalism. The practitioner had painted the gums heavily with very strong tinct. of iodine. The gums and periosteum sloughed in mass, from the bone, the death of which, of course, immediately followed.

I mention this case to commend care; strong or weak tincture of iodine may not be indiscriminately used.

In April last, John C———, who had been dreadfully mercurialized for an attack of syphylis, applied to me for relief from bleeding and tumefied gums. On examining the mouth I found all his teeth quite loose, while the gums presented a semi-mortified appearance; so fungoid were they in parts, that it was only through the exercise of great care that he could prevent himself wounding them, at every occlusion of his jaws.

I treated this patient locally, as I have suggested for scorbutic gums, with the exception, on his first visit, of not making my incisions quite so close together, and not quite so deep. The first application of iodine was also very light; two days after, the tumefaction had so much subsided, and the vital forces was so much higher, that I cut to the bone between every tooth, and painted his gums quite freely. In one week's time he was entirely comfortable, and his teeth very shortly became quite as firm as ever.

The constitutional medication was ten grains of chlorate of potassa three times a day.

This is the history of certainly fifty similar cases that I have treated. I always expect a marked improvement from one day to the next.

M. Jourdain, who has written a work on Diseases of the Mouth, which, whatever may be thought of its surgery, is certainly indicative of much laborious research on the part of the author, gives, amongst others, the following instances of the epulides, and which will serve as very good studies:

Case —. A young woman, aged eighteen, had suffered frequently from alveolar abscess, caused by some decayed teeth in the lower jaw, especially a left molar. At length a fungoid mass, about the size of a crown piece, formed around the fistula which resulted from these different abscesses. It pressed against the cheek, was in the way of the closure of the teeth, and was attached to the gum in such a way as to preclude the use of the ligature.

I first, he says, extracted the roots of the molar teeth, found them tipped with a fleshy mass, the transverse alveolar septum destroyed, and the alveolar wall, next the epulis, pierced with holes. Fearful of hemorrhage, I resorted to the cautery, introducing it at the centre of the tumor, and passing it around so as to destroy its connection with the alveolus; then dressed it with dry lint, and prescribed a detersive gargle. A few days after, I removed a carious fragment of bone, and then cut around the fistulous centre of the tumor with a sharp-edged cautery, and dressed the wound as above. The case progressed very favorably, and in two months was dismissed.

Case —M. Petit, says M. Jourdain, sent to me a lady, forty years of age, who, for a long time, had an epulis on the right side, above the two last molars; the pedicle seemed to be attached directly over the first molar, which was much decayed. This tooth I extracted, and arrested the homorrhage by compression. I then put a ligature around the neck of the tumor, by gradually tightening which, I caused it to drop off in six days. I deemed it prudent to

cauterize the portion of the pedicle remaining, to prevent the return of the disease.

Case (*Wanderviel*).—About thirty-six years ago, says this surgeon, I was called, by A. Baringue, to see a woman who had a large tumor over the molar teeth. The mouth was drawn up on the opposite side, as if by spasm. She was, at first, reluctant to have this tumor removed, but at length, finding that it increased so much as to interfere with mastication, she consented. We used for the purpose a brass wire, by the gradual tightening of which, the tumor was, in a few days, separated. It was of cartilaginous hardness.

Buldinnus, mentions the case of a woman who had a cartilaginous tumor on the gum of the left side, which, at first, no larger than a wart, grew to the size of a pomegranate, and projected from the mouth in such a way, as greatly to interfere with the taking of either solid or liquid nourishment. It was successfully removed by ligature.

Ambrose Pare speaks of such excrescences that were of a cartilaginous and almost osseous hardness, which he has removed by ligature, followed by the actual cautery. "I have," says this author, "removed them when so large as partially to project from the mouth, rendering the aspect hideous. It was such a tumor, the livid appearance of which had deterred other surgeons from operating; and, in which I had noticed a deficient sensibility, that I succeeded by repeated excisions and cauterizations. The recurrence of disease, in this case, in spite of the cautery, was due to some implication of the subjacent bone. When not thus complicated, or deeply rooted, their cure is simple.

Case—Jean N. Marschalue, Surgeon, was consulted by a lady over sixty years of age, large and corpulent, who had an epulis between the two front teeth as large as an egg. The teeth between which it had originated had separated to the distance of an inch, and projected from the alveolus so as to prevent closure of the mouth, and thus gave rise to much deformity. The best surgeons and physicians had been consulted, and had tried in vain all sorts of applications, and among them the cautery. Mons. M. at length recollecting an operation, which had been performed in a similar case by his father, proposed it in the present instance. After due consultation it was decided upon, and the patient put under a course of preparatory treatment. The base of the tumor was then encircled by a very soft, untempered wire, which was tightened gradually, each day, by a pair of pincers. The separation of several pieces of the jaw-bone, on the ninth day, interfered with the continuance of the process, and the removal of the tumor was completed by a knife made for the purpose. Desiccant and astringent dressings were used, and on the third day eight or nine pieces of bone were discharged from the seat of the tumor. The carious condition of the bone was treated by the usual remedies, and the lady was restored to full health.

Case —.—Manget ——, a man aged forty, subject from time to time to inflammatory attacks about the teeth, had a tumor over a right lower molar, which gave pain, gradually increased, and deranged the position of the tooth. The loosened tooth was readily extracted; but, instead of removing the disease, it seemed rather to give room for the granular excrescences, which, in spite of the oil of vitriol and spirit of nitre of the surgeon, grew with great vigor, till the tumor equaled the size of an infant's head, resembling in appearance a large cluster of grapes. The face, of course, was prodigiously swollen by so monstrous a tumor. In color it was partly pale, partly livid, and with a very offensive odor. In failure of all vulnery and balsamic remedies the cautery was resorted to; but even this did not remove the root of the disease. The bone was found extensively carious, and from this centre were continuously reproduced granulations, which, in twenty-four hours, would replace what had cost tedious and painful burnings to destroy. A wasting hectic reduced the patient to a mere skeleton, yet with sufficient strength to bear up under the operations performed. Wesper was consulted, and gave as his opinion that the disease was not cancerous, but more properly a fungus growing from carious bone. He advised the continuance of the cautery, also certain desiccants suited to the pituitous, phlegmatic temperament of the patient; with vulnerary decoctions, and from time to time gentle purgatives. But the seat of the disease advanced deeper and deeper, and the patient, worn out with suffering, died after a severe colic, attended by frequent faintings. The bone of the lower jaw was found, on examination, to be extensively carious and very brittle. The tumor, partly fleshy, partly glandular, or, as Wesper expresses it, fungous, embraced the whole bone, as far back as the articulation, which it had completely dislocated. (This tumor was, evi-

dently, what more modern surgeons have called Osteoma-sarcoma ; The Myeloid of Paget ; The fibro-plastic of the present day—an epulo fibro-plastic tumor.)

When Jourdain, and his cotemporaries, tell us of their success in the treatment of the epulides by the ligature, we can only infer that their cases must have been of the simplest character ; common epulo, polypo-fungoid excrescences, perhaps, many of them.

M. Jourdain's first case was certainly nothing but an epulo-fungoid excrescence; and which may not unfrequently be found associated with the orifice of the fistula of an alveolar abscess. I am sure I have seen fifty such cases, they are associated with bad constitutional conditions, and are the analogues of the fungus of any adynamic ulcer. The holes in the bone are always found associated with this abscess ; it is through such cribriform absorption of the bone that nature makes a sinus for the discharge of the pus. The fleshy masses tipping the roots, is the old pyogenic membrane, and is also common to the diease.

Now, all the treatment really and truly necessary to have been practiced by him for the cure of this epulis was his first move, the extraction of the affected teeth ; the cauterization was as unnecessary as it was cruel.

Ambrose Pare—whose mind always seemed leading him towards truth, evidently had the knowledge that epulis was no special disease ; or, at least, if it was special, that it had very many grades. He easily cured some forms of the pedunclated tumors, but was unable to master those involving the bone. The modern surgeon, with a rather more advanced pathology, easily comprehends the reason why. There is a great step between M. Jourdain's case, and the last of Ambrose Pare—the difference between the epulo-fungoid of a simple alveolar abscess and the epulo-fibro-plastic of cancerous cachexia.

If the term epulis was to be confined to any special order of tumor about the mouth, the fibrous would justly have it by majority. It is very common to see this class of growths presenting at the college clinics for treatment. When the patient opens his mouth you are struck with the non-malignant looks of the tumor. If you raise up the body of the growth, you will see that its origin is from the alveoli of the teeth. If there is any difference in color between the tumor and gum, the diseased part is the lighter, particularly if the growth is not too advanced. These tumors grow, invariably, from a periosteal membrane, either of the teeth or of the bone. Their malignant tendency is still a point in dispute. In a conversation on the subject with Prof. Gross, I find that this eminent surgeon is a strong advocate for making thorough work with them. He tells me that his experience has been very adverse to any half-way measures ; that he is not disposed to trust to the innocency of any of them. By thorough work, Prof. Gross means resection.

While myself prepared to admit a natural tendency in these tumors to degeneration, yet I must advance it, as the result of what I think is a sufficiently well-grounded individual experience, that many of the growths may be more leniently, and yet successfully treated. At any rate, if I had a fibrous epulis in my own mouth, I would risk a tentative operation, before submitting myself to the severer one of resection of the bone.

This afternoon, (June 27th,) I had an opportunity, through the politeness of Dr. Merritt, of examining a fibrous tumor removed by that gentleman, on last Monday, from the mouth of one of his patients. The growth was pedunclated, and associated, apparently, as he informs me, with the alveolus of the left superior second molar tooth. It is about two inches in length, one and a half wide, and one inch thick. On cutting through the middle of the tumor, I found its interior composed of some bony substance. This substance is either bone proper, or osteo-dentine. I shall take an early opportunity to submit it to the test of the microscope. The tumor has been three years in gaining its present size. The patient can attribute it to no special cause.

Since writing the above I have visited Dr. M's patient. The growth, I am sorry to say, seems under full headway again. The alveolus has, pouching from it, a fleshy mass of the most exquisite sensibility. I am much mistaken if the resection, which will have of necessity to be made, does not exhibit this growth as associated with the antrum of highmore. The microscope will, I think, determine it to be fibro-plastic in character ; and it is not unlikely that it is of a cancerous nature.

Whether or not the osseous substance found in epulic tumors, be true bone or crusta petrosa, depends, of course, on the membrane from which they have origin. If this be the periodontal membrane, then it will be crusta petrosa or cementum ; if periosteum proper, it will be bone.

From these cases I have given, may be inferred the diversified character of the epulides of the soft parts; and from them we may pass to still other classes—the epulo-dental, and the epulo-osteoid—the latter class embracing the osteo-cephaloma, the O. carcinoma, O melonotic, etc.; for, according to our nomenclature, any and all these diseases become epulic when presenting upon the gum, and in classing them among the epulides, a description of them is a description necessarily of the growth as they exist, let them be called by what name they may; for, under any name they are tumors of the mouth, and as such the adjective localizes them.

Case —.Epulo-dental tumor, occupying the alveoli of the two first molars. The subject of this observation, (communicated in 1809,) to the faculty of medicine, by M. Oudet, the house-surgeon at the Hotel-Dieu—complained of the great inconvenience caused by a tumor in the inside of his mouth. The tumor was formed of a large mass, which had at first been supposed to be tartar. It protruded perceptibly above the level of the dental arch, and caused a large swelling on the side of the cheek. The extraction was easily made, and its form and nature could then be decided upon. According to the description given by M. Oudet, the tumor resembled a cone planted upon its summit in the alveolar cavity, and connected by its base with the crown of the contiguous teeth. It consisted of an aggregation of the dental elements belonging to the small molars, some of which, by their disposition, and their reciprocal arrangement, reproduced, in small, the form of the incisors and of the milk canines.

In this case, the pathological influence had the effect of exaggerating the elementary parts of the small molars, and then by associating them irregularly among themselves, had restored them to the condition of a solitary tooth.

Case—.—Intra-maxillary epulo-cemental tumor united to a neighboring molar tooth. Simultaneous extraction of the tooth and tumor. M. Forget entitles this an osseous tumor, but I do not see how it could by any possibility be nearer bone than crusta petrosa, so I have taken the liberty to present it as a dental tumor.*

A man, aged forty-five years, came from the province to Paris, to be relieved of a tumor in the inside of his mouth, which caused him inconvenience and severe pain. This tumor occupied the left side of the lower jaw, and formed a large swelling on both sides of it, especially on the external face, where it resulted in an unsightly alteration in the features.

At the small extremity of the ovoid represented by the tumor, was a carious tooth, the crown of which was completely destroyed, and a large portion of the tooth hidden by the projection of the gum that supported the morbid product inclosed in the alveolus. Before commencing to operate on the tumor, M. Maisonneuve directed the patient to have the tooth extracted, hoping that its removal would open a way for a better exploration, and easier approach to the encysted product. This preliminary operation had an unexpected and definite result, for the same stroke brought away the tooth and the tumor that was annexed to it.

The size of the latter exceeded that of a large pigeon egg, and it was connected with the tooth by a very narrow pedicle. The cut which was made in it along its axis allowed the operator to ascertain the line of intersection between the tumor and the dental root.

A microscopic examination of the piece demonstrated that the tumor did not contain any ivory, and that it was formed of osseous tissue exclusively.

The patient was not long in recovering. In consequence of this double extraction, the walls of the alveolus, which had been turned aside and raised by the tumor, subsided; a slight inflammation attacked the internal surface of the cyst, which, shrinking insensibly, gradually contracted, and was at length completely closed up.

Case.—Anomaly of position of two molar teeth giving rise to a tumor of the palatine arch—supposed cancer of the maxillary bone. Error of the diagnosis discovered during the operation—epulo-odontocele.

* According to Professor Owen, cementum, "always closely corresponds in texture with the osseous tissue of the same animal, and wherever it occurs of sufficient thickness, it is traversed like bone, by vascular canals.

"In reptiles and mammals, in which the animal basis of the bones of the skeleton is excavated by minute radiated cells, forming with their contents the corpuscles of Purkinji, these are likewise present, of similar size and form, in the 'cement,' and are its chief characteristics as a constituent of the tooth.

"This correspondence of the cement, which, when it exists in sufficient quantity, becomes almost identical with bone, is illustrated by the variety of microscopic structure which the cement presents in different classes of animals, and which always corresponds with the modifications of the osseous tissue of the skeleton of these animals."

A woman, forty-three years of age, entered at the Hôpital Beaujon, for a malady of eighteen months standing, which was characterized by two ulcerations that occupied the nose and the right cheek; these ulcerations were fungous at the retroverted edges, and were subject to shooting pains.

The patient exhibited, beside, a tumor of the shape and size of a walnut upon the left side of the palatine arch. It was limited on the outside by the dental arch, on the inside it passed the median line and extended, in the antero-posterior direction from the neighborhood of the canine tooth almost to the velum of the palate. Struck with the carcinomatous aspect of the ulceration of the face, Blandin, whose opinion was supported by Margolin, formed an unfavorable diagnosis of the tumor, which he judged to be of a malignant nature. He was also decided that the treatment should aim, at the same time, at the removal of the palatine tumor, and the cauterization of the ulcer of the face.

Consequently, a crucial incision was made in the tumor, the flaps were dissected, and the surgeon had already disposed himself to attack with gouge and mallet the tissue that he believed to be diseased, when, after sponging the wound, he perceived a white body, slightly brilliant, in the centre of the tumor. On touching it, he found that it was movable, and, seizing it with the forceps he extracted it. It was a molar tooth with three very short roots, but the crown was the shape and size of the first great molar. A second tooth was extracted from the same; it was not so large as the first, but like it, multi-cuspid. Great was my surprise—says Blandin—and that of my assistants; and it was only then, that by questioning the patient, that he learned that several of the teeth of the upper jaw had never appeared above the surface. He decided from this, that the intra-maxillary occlusion of the two molars, so unexpectedly discovered, had been the cause of the malady, which it had constituted exclusively.

The teeth, directed obliquely inward, had pierced the internal part of the alveolar ridge, and placed themselves between the mucous membrane and the corresponding osseous plane.

The wound in the palate was then cauterized to stop the flow of blood, the ulcerations of the face treated with several repetitions of nitrate of mercury; and the patient left the hospital two months afterwards, cured.

Were the ulcerations of the face cancerous? Blandin, at the close of the observation, reaffirms it; and according to him, there was a double malady. This view of the question is open to discussion. In effect, so rapid a cure of an ulcerous cancer, would appear unusual, and not very probable.*

However that may be, the fact that is important, and which this observation will serve to establish, is the possible existence of tumors developed in the body of the maxillary bones, and constituted by the aggregation of several teeth transplanted in some fashion to a distance from the place of their normal development.

A like tumor occupying a point in the lower jaw, distant from the alveolar ridge, had been according to Blandin (loc cit. Thèse de concours) removed by Marjolin and Duval, who, not so fortunate as himself, did not discover the error of diagnosis into which they had fallen—a resection being made.

Case.—Epulo-odontocele of the body of the gum, anomaly of development of the wisdom tooth revealed by anatomic germination.

Madame D., endowed with good health and a strong constitution, entered the Hôpital de la Pitié in the month of April, 1838. This woman exhibited a very considerable swelling of the right half of the jaw; it resembled in size and shape a large hen's-egg. The tumor was bounded in front by the second incisor, and behind by the coronoid apophysis.

As to the origin and progress of the disease, Madame D. stated that ten years previously, and shortly after having her teeth cleaned, which she had always had in a bad condition, a small tumor had been developed in juxtaposition with the large molar. This tumor had increased progressively, and she had experienced several returns of very severe pain, which she attributed to the decay of the teeth, three of which had successively fallen.

* I wonder at M. Forget, from whom I take the observation, admitting, for a single moment, that this would be a question for discussion. The fungous ulceration of the face was an ulceration that I personally have treated at least half dozen times, and is the result of chronic alveolar abscess—the abscess in this case was, without doubt, associated with the tumor, and I am sure such communication would have revealed itself to a proper examination, the cure of the tumor would have been the cure of the ulcer, and the nitrate of mercury was an unnecessary application—not harmful, but unnecessary. I had under treatment, only a few weeks back, a gentleman, suffering apparently with a reloid tumor on the cheek, with a discharging fistula in its centre—the fistula communicated with a dead tooth.

Chronic alveolar abscess discharging through the cheek will put on all kinds of features, but so far as my experience goes, the taking away of the cause generally cures all the evil.

The extent of the disease induced Lisfranc to make a re-section of the half of the jaw. The operation was followed by a prompt cure, and Madame D. quitted the hospital in six weeks, cured.

The examination of the atomic section, exhibited a considerable induration of the soft peri-maxillary parts, and under them, a development of the body of the jaw; in the centre of which was a vast cavity filled with a sanious and purulent liquid. This cavity was formed by the two tables of the maxillary which were very thin, and reduced at points to the mere thickness of the periosteum. The bottom, formed by the base of the bone, which was very much widened, presented in projection the crown of the wisdom tooth at the interior of the cyst. This tooth was thrust horizontally against the base of the coronoid apophysis, and was firmly encased in calcareous tissue—The anomalous position and regular development exhibited by the tooth in this vicious situation, can leave no doubt as to the part that it had played in the production and successive evolution of the disease of the bone. An analytical examination of the anatomic section lead to the conclusion that the wisdom tooth could not become enlarged without exciting a continual pressure upon the neighboring teeth, and that the pressure was the cause of the prolonged suffering endured by the patient, as well as of the inflammation of the gums, and the decay, loosening, and spontaneous fall of the teeth.—Forget.

See the second paper of this series, "Surgical Relation of Anomalous Dentition."

M. M. Nelaton and Maisonneuve communicated to M. Forget for his essay, two other facts not less interesting than the above, both differing, however, as to the nature of the lesion, but both agreeing as to the original morbid disposition which appears to have been the point of departure.

To appreciate fully the character of these epulo-dental tumors, we must study for a few minutes the physiological and pathological association of dentinal evolution, having accomplished which, we will find ourselves masters, not only of this subject, but will find that we are only the better prepared to enter on the consideration of the next order of the epulides, the epulo-osteoid.

(*To be continued.*)

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.
Of New York.

(*Continued from page* 287.)

How often are the rivulets and streams in history made the theme of inspiration; the source of many marvellous romances and the fountains of associations most beautiful;—thoughts surpassingly poetical; events, in their issue, most instructive.

The "cœrulean Tiber," likewise called "Albula," from its purity, and "Flavus," from its color, is closely identified with the history of Rome and its many depraved, yet talented emperors. How touching the appeal in Virgil, the student's favorite:

"Nymphæ, Laurentes Nymphæ genus omnibus unde est,
Tuque, O Tybre tuo genitor cum flumine sancto,
Accipite Æneam, et tandem arcete periclis."*

The Tyrrhenus Animis ("Tuscan river,") is still an object of quiet interest to the speculative traveler while sojourning amid the scenes of childhood's memories and surrounded by the pleasantest associations of by-gone ages, still present to the poet's mind.

The story of the famous lover, Leander, who swam the Hellespont to win the hand for which he sued, is at once a romantic tale, full of noble sentiments, and suggestive of the suitor's superior fortitude. Thus, risking life amid the watery deep, he won the plaudits of admiring generations.

The Clitumnus, a river emptying into the Tiber, was rendered famous for its milk-white herds that wandered peacefully along its banks, the future-chosen victims for the sacrifices unto gods.† The modern Aspro Potamo, the Achelous of antiquity, was employed as a representative of all the waters and rivers mentioned by most of the classical writers, and the expression of the Oracle at Dodona, "to sacrifice to the Achelous," indicates the estimation in which the river was held by them and the use made of the superstition experienced concerning its vast power over countless numbers of helpless mortals, "Ἀχελῶον πᾶν πηγαῖον ὕδωρ'" was a phrase commonly uttered by the sages, and whispered among the poorer and neglected slaves.

Bathing has been employed as a means of ablution and pleasurable sensation from the time of Naaman to the latest modern "Psycho-hydropathists," with all their newest appurte-

* Virgil Œnidos, Liber. viii. 71.
† Virgil's Georgics. Juv. 12, 13.

nances and collateral auxiliaries. Whether it be the laving in the gently flowing stream as it glides by with easy murmuring, or the more exhilarating, healthful bracings of the mounting surf, man has ever been accustomed to enjoy the cool, refreshing bath in some sequestered spot. The ancients, as is well-known, set aside certain portions of the day for this most proper and important duty, and while the more stoical entered the "Cella Frigidaria"* to experience the pleasurable sensations of its sudden shock upon the nervous system, the man of elegance and ease indulged with cautious interest in the mild tepidarium preparatory to the second stage of sensual enjoyment, the caldarium, or the more energetic and satisfactory solium, thereby passing through the different processes of the warm air bath, the vapor, and lastly, the most efficient in disease, the warm bath, which finally became the duty of the laborer and the pleasure of the epicurean.

Pliny gives utterance to his sentiments on this branch of hygiene with a judgment and perspicuity that cannot be surpassed in the present age. Speaking of salt water says:

† "Hence it is that the widely-diffused sea is impregnated with the flavor of salt, in consequence of what is sweet and mild being evaporated from it—whatever is produced in any other department of nature is to be found as well."

There is no end to the wonders connected with the nature of waters.

In Aristotle there are some suggestions worthy of remark, elucidating the opinion of the times in which he lived and significant of his own approval. The following from him is singular:

‡ "As the sun is continually evaporating the water of the sea, it must eventually be dried up."

But the falling of dew and showers of rain reply to this assertion.

ȝ Many of the Athenian baths were built after the old Roman model. The strigil of Rome, and the στλεγγίς or ξύστρα with which the Greeks scraped their bodies on emerging from the water, were identical in shape and use.

The Βαλαναία—δημόβια or ἴδια were much frequented when once their beneficial effects were ascertained and fashion stamped it as an honorable practice. But though much freedom was granted to the poorer classes, and the liberty of bathing, at certain hours, not prohibited, still the θερμὰ λοετρὰ mentioned so beautifully by Homer, were forbidden to be built in the city of the Greeks, there being a great prejudice among the Lacœdemonians with regard to the use of warm water. It was the opinion of the Spartan leaders that all warm applications served only to enervate the frame and render effeminate the constitution. Even Socrates and Demosthenes esteemed the constant habit of bathing a useless waste of time and an injurious occupation for a hardy race of soldiers. Thus we see that even among the most learned of their age, the ancients found an equal amount of positive difficulty in introducing the simplest novelty, though it were based upon the soundest laws of health and proved in its issue of incalculable benefit.

In a work published in London, in 1706, entitled Ψυχρολουζια—or the History of Cold Bathing, by Sir John Floyer, of Litchfield, there are many curious statements indicative of a period long since looked upon as antiquated in theories of science, but regarded as amusing, as well for their ingenuity of arrangements and apt citations of quaint old philosophers. This only serves to prove the onward march of investigating minds, in bringing to light numerous facts as yet hidden beneath the folds of phenomena, remaining as problems, to be worked out by the searcher after truth, or discovered by the happy sojourner in the land of analysis.

Dr. Samuel Johnson delighted in the perusal of these pages. And well, indeed, might one enjoy the chronological history of immersion; the superstitious views concerning the proper time for cold bathing and the various methods adopted by different nations. All these statistics were carefully collected from the earliest records of humanity down to the present use of the medicinal wells of Europe, bringing about numerous cures of miraculous cases that baffled the physician and confounded the student of Hippocrates.

Among the ancient followers of hygiene, we find singular remedies based upon a general law of analogy and founded likewise upon the simplest deductions of a thoughtful conception. Experience, at that time, was the great school in ethics. Knowledge dwelt among the old; and traditionary principles, of practical value, were handed down from the father in medicine to the aspiring offspring. And yet we find, on looking over "some quaint and curious volumes

* Anthon's Roman Antiquities.
† Pliny's Nat. Hist.
‡ Aristotle Meteor ii. 1.
ȝ Anthon's Greek Antiquities—Baths.

of forgotten lore," that there was a hidden vein of truth, that, in the modern period of microscopic certainty and chemical analysis, not to be disputed, still remains as an old landmark, pointing, with its worn away milestones, the road to knowledge and the path to fame.

Celsus recommends, for cerebral infirmities, a free use of cold water: "Capiti nil æque prodest atque aqua frigida. Itaque is cui hoc infermum est, per æstatem, id bene largo canali quotidie debet aliquando subjicere, semper tamen etiam si sine Balneo unctus est, neque totum corpus refrigerare sustinet, caput tamen aqua frigida per fundere debet."

Constantine was reported to have been cured of his leprosy by baptism in the pond which he saw in his vision, in which Pope Sylvester afterwards dipped him.* Claudius was also *thus miraculously benefited.* †Hippocrates likewise recommended a moderate use of cold and warm water in alleviating the sufferings of patients afflicted with pains, rheumatic or otherwise. Thus, one of his favorite expressions was: "ὀδυνὴν ανεκπὶετον ποιεῖ." And Œlian noticing that wild pigs, after being poisoned by henbane, by drinking freely of water recovered, invariably proposes, in all cases of narcotic poisons, cold baths.

At the present time the various modes of bathing, peculiar to different countries, are singular in themselves, and instructive to the traveller. Acerbi tells of the Norwegian mode, which certainly is most efficacious in its action on the surfaces of the body. The bathers enter a spacious room, arranged for the purpose and mount shelves which are placed around the apartment. An immense stone is then heated and placed in the centre and water being poured on it, dense clouds of vapor rise up and envelope those who are above. An assistant then goes round beating the fortunate ablutionists with little switches. When a complete sudorific effect is produced by the action of the heat and exciting influences of the hygienic castigators, the more hardy run out and plunge into the embankments of snow, with zeal and pleasurable enjoyment. They state that this sudden change from intense heat to cold is conducive to health, and at once productive of a free circulation.*

This mode of bathing is likewise practiced in Russia, with similar arrangements, slightly modified. The North American Indians, carrying out the principle of diaphoresis when the lungs are congested, as in pneumonia, or when the system is disturbed by a general cold, wrap the invalid up in a thick fold of blankets, and by this means "sweat the irritation away,"† while the inhalation of the heated vapor serves to relieve the bronchial inflammation and promotes secretion, exudation and consequent expectoration.

When Franklin strove to chain the subtle fluid and render subservient to man that amber witch, that for centuries had wandered, with a lightning speed, from pole to pole, spanning the heavens with an easy stride and silencing with wonder and amazement the inhabitants of every clime, he vainly tried to identify electricity and lightning. Quietly entering a field, he raised a kite with thread and waited for the approaching storm to ascertain the truth of his surmisings. The elements commenced their warfare with an earnest zeal. Œolus lashed on the cloudy chariots to closer combat; and ever and anon the flash of fury betokened rage, and indicated the presence of the longed for spirit fluid, with its waif-like movements. The cause of science was near abandoned, and philosophy began to leave the field for other generations and more fortunate investigators, for a definite description of this most mysterious agency. All seemed in vain. The fatal moment that was to pronounce the laboring printer more than great, and render philosophy synonymous with his name, was now at hand. But nothing came. Mortal man had done all he knew to ascertain a fact and shrank within himself, conscious of his own too feeble efforts. But nature, ever mindful of her busy followers, drops gentle tears of sympathy from the forgiving clouds, along the narrow path to glory; and obedient to the dew of promise, immediately folding up her pointed wings, electricity descends, never before subdued, submissive to an earthy being and lays bare the mysteries of science. "Benjamin Franklin, printer," grasps the *key* to knowledge: the "imponderable fluid pervading all material objects, now becomes a chained law and the discoverer is classed among the greatest men of modern times." Had not water come to aid him in his most perplexing difficulties, where had been his victory?

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Medical Conundrum.—Why is the ulna sometimes called the "funny bone?" Because it is next to the humerus, (humorous.)

* Prodit novus Constantinus ad lavacrum deletvros lepræ veteris morbum.—Rreg. Turon, lib. 2.

† Hippocrates, lib. v.

* Acerbi's Travels. † Carver's Travels.

Homœpathy and its Results.

By John Swinburne, M.D.,
Of Albany, N. Y.

Of all the "isms" that prevail in this enlightened age, there is none so destructive to human life, and so well calculated to augment and prolong human suffering, as homœpathy. A system of medical practice based upon the "similia similibus curanter" of Hahnemann, to an intelligent and well educated physician, is so absolutely ridiculous, that it only excites his contempt; but to those outside of the profession, and upon whom he is called to exercise his medical skill, the alliterative Latin motto, and the *sugar pill* seems to have peculiar charms. The mystery and obscurity in which the system of homœpathy is veiled, is calculated to delude the credulous, and often lead them to choose for their medical adviser the ignorant buffoon, with his *sugar pills* of magic power, and infinitisimal doses of the quintessence of nothing, in the place of an educated and scientific man, who has made medicine and its concomitants the study of his life. And, not unfrequently, that choice dooms the unsuspecting victim to a miserable existence the remainder of his days, or consigns him to a premature grave.

It is not my intention, in this paper, to enter into a discussion of the merits or demerits of the system which owes its paternity to Hahnemann, nor is it my purpose to institute a comparison between it and the true science of medicine; but, in order to expose the ignorance that prevails among the converts to this heresy, and hold up homœpathy in its true light, I will submit a few cases that have come under my immediate observation, and add what comments I deem necessary to each particular case.

In giving publicity to the practice, or rather *mal*-practice of some of the disciples of the German demi-god, I will "nothing extenuate nor set down aught in malice."

Case 1.—Mrs. ———, æt. twenty-four, first labor. Being a stranger in the city, a doctor of the Hahnemann school was called to see her, and remained for about twenty hours, at which time he requested that another physician should be called, informing the husband that he was "tired out," and could not finish the delivery.

A messenger was sent to my office, and I obeyed the call, and found, on inquiry, that the lady had been in labor about thirty hours, during twelve of which the child's arm (the presenting part) was entirely external, while its shoulder was firmly impacted in the mother's pelvis. The wrist, elbow, and shoulder of the child was nearly torn off by the attending *sugar* doctor and his *quartette of council*, in their futile attempts to drag a large, healthy child through the inferior strait, double. I found the patient greatly exhausted, and free stimulation was resorted to. After some little effort on my part, the child was turned and delivered, and to my utter astonishment and disgust, I found the entire soft parts separated from the ribs, front and rear, beginning just anterior to the shoulder joint, severing the pectoralis muscle beneath the skin. The posterior wound passed close to the spine of the scapula, and extending across the posterior portion of the chest, between the ribs and skin.

Upon inquiry, I found that the *sugar doctors*, (having been foiled in their attempts at extraction by the arm,) had used the obstetrical forceps with great force, but failed in delivering the woman, for two reasons—First. They were unable to *apply the forceps fully;* and, Second. They would slip off. Here, then, was the solution of the matter: they had absolutely used sufficient force in applying, or attempting to apply the forceps to the child's chest, so as almost to dissect cleanly the soft parts from their bony connections. That the child perished, there is no wonder; that the mother was not MURDERED was not the fault of the empirics.

That such men are allowed to practice medicine, and hold themselves up as benefactors of their race, is neither surprising nor wonderful, when we analyze the masses, and see how unwilling they are to *think*, and how eagerly they grasp anything that partakes of the marvellous, miraculous, or even the ridiculous. Another potent reason why such vampyres are allowed to prey upon the lives and health of their fellow-men, may be found in the fact, that many of our wealthy and influential citizens, who have nothing to do, "and nothing to wear," are the substantial patrons of *quackery* in all its forms, while honest merit, intelligence, and industry, are allowed to starve in a garret.

That the child, in the above case, was sacrificed, perhaps, no one can say; but if we judge from probabilities, had it been properly managed from the commencement of the labor, the child turned and delivered, no attempt been made at extraction by the arm or forceps, the inference is, that the mother would have been

saved many hours of severe pain in labor, and the child, perhaps, its life. The mother, from thirty hours travail, producing frightful distortion of the air-cells of the lungs, which this same *sugar doctor*, four months subsequently, mistook for *tuberculosis*, and passed sentence of death upon her by this horrible disease. What mental anguish, as well as bodily suffering, was this misguided woman doomed to endure on account of a miserable empiric!

This same disciple of that prince of humbugs, Hahnemann, and two of his substantial advisers in the above case, are still in this *doomed city*, flourishing upon the credulity of citizens, who pride themselves upon being intelligent upon all subjects, and especially upon the science of medicine.

Case 2.—T. C., aged fifty years, in 1860 was attacked with what was termed by the *doctor* "ulcerative sore-throat." The worshipper at the shrine of homœpathy, who manifested so much skill in diagnosis, continued to treat the case for about six months, when death terminated her sufferings. About three months prior to the death of the mother, the daughter was attacked with a similar disease. This same son of Hahneman attended *her* for six months, and then gave her over to die.

At the expiration of that time I was called to see her, and found her in the following condition: Skin bloodless and clammy; tongue pale and flabby; pulse feeble and intermittent, with severe attacks of angina pectoris; urine scanty and passed with difficulty; soft palate, and fauces destroyed by ulceration, requiring the closure of the external nares to prevent "nasal regurgitation" whenever liquid food was swallowed. Large phagedenic ulcers on the forehead, cheeks, chin, breast, body, and extremities, many of which were three inches in diameter.

I immediately put the patient upon porter and other stimulants *ad libitum*, and nourishing diet. For a wash for the ulcers, I used a strong solution of the cupri sulphas, as a gargle, the potassæ chloras, dressing the ulcers with ointment of calomel and lard. Internally, as an alterative, I gave her potassæ iodidi and iron, alternating. In six weeks the patient was well.

Comment upon this case seems almost unnecessary, yet for the benefit of the public I will present a statement of what drugs had been used by the intelligent (?) physician who first attended the case.

I found four packages of powders, which were submitted to a careful analysis, three of which contained nothing but sugar—the fourth package was found to contain one-fourteenth of a grain of corrosive sublimate to each powder, which the patient had been taking, at intervals of three hours, for some days; during which time she had suffered from retching, vomiting, burning in the throat and stomach, angina and difficult micturition; also, slight salivation. Can any one doubt the cause of all these symptoms? Would not this drug produce symptoms precisely the same? Are these purely homœopathic doses?

Case 3.—Mr. P., aged forty, strong and healthy; weight one hundred and eighty-five pounds. In 1861 was taken sick, and attended by a "knight of the sugar pill" for about sixteen weeks, when he was doomed to die of "quick consumption." At this period I was called, and made a careful examination of his chest, and found one side filled with fluid—the result of a pleurisy or pleuro-pneumonia. This collection (pus) was being discharged through the bronchiæ, and had something of the appearance of the expectoration of phthisis, to the uneducated.

I found him completely exhausted and unable to raise himself in bed. I at once gave him the potassa iodidi as an alterative, and porter, wine whey, etc., as stimulants and tonics, together with a nourishing diet. He continued to discharge from a pint to a quart of pus daily for several days, when the dullness in percussion gradually declined, as did, also, the expectoration, and convalescence was established.

At the date of this report he is well; having regained his flesh and strength, and not a single symptom of *consumption*. He is likely, from his present appearance, to live to a ripe old age.

So confident was this empiric that he was right and I wrong, that he remarked to the friends of the patient, "That if Dr. S. could cure this patient, he would like to see the medicine with which it was done." I am under the impression that he would not have been enlightened much by seeing it, unless he understands materia medica better than he does pathology.

Case 4.—Mrs. P. A. E., of Lewis county, New York, aged forty, of good constitution, had borne two healthy children—both natural labors—the elder of whom is now about sixteen years of age, the younger fourteen. In 1860

she became pregnant; but from her age, and the length of time that had elapsed since the birth of her last child, she feared it was a false conception. She therefore applied to one of those vampires, known as Homœopathic doctors, for advice. He advised the *induction of abortion;* to accomplish which he continued his visits for three months, to the tune of one hundred dollars charge, and the entire destruction of the woman's health, without accomplishing the desired result. For various and sundry misdemeanors he was driven from the county. But, (after the manner of the fable of the fox and the flies,) another hungry *cormorant*, who had recently risen from the *bench*, (shoemaker's,) to the dignity of a Homœopathic doctor, was employed, who advised an operation, which was accordingly performed. What the nature of the operation was, I am unable to learn; but suffice it to say, that a large flow of blood followed, and from that time until the date of my visit, about four months ago, she was confined to her room, and much of the time to her bed; suffering, doubtless, as much mentally as physically. Her pseudo advisers having told her that she could not bear a living child.

About the eighth month of her pregnancy, I made a careful examination, and found that the fœtus manifested great activity and vigor. Taking into consideration the fact that her health, previous to her treatment by the brace of empirics referred to, had been good, coupled with the condition of the child, I advised her to remain quiet, employ an intelligent physician, and await the result, which, with care, I assured her would be a happy one.

Three months after I was in the village, and found she had taken my advice, was then well, and the mother of a healthy female child, two months old.

Comment in this case is superfluous. In fact there is nothing remarkable in any of these cases, except their preliminary treatment. Every practitioner of medicine meets with similar cases almost daily; and yet, these men, with the exception of the "ex-knight of the lapstone and hammer" stand high among *their* professional brethren.

[*Quere*—Whether the cases mentioned above do not show more forcibly, the results of ignorance in diagnosis, and of the proper application of remedies, than they prove the unsoundness of the doctrine "similia similibus curantur?" Do not regular physicians, sometimes, make like errors in diagnosis and treatment? Would the deduction be logical, that *therefore* medical science is a "humbug" and doctors all quacks?]

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Special Meeting of June 11, 1861.

Daniel Ayres, M.D., President.

COMMITTEE REPORT ON THE CONTAGIOUSNESS OF CONSTITUTIONAL SYPHILIS.

At the meeting, on the 25th of May last, the Society passed a resolution "that a committee of three members be appointed by the chair to inquire into the contagiousness of constitutional syphilis."

In pursuance thereof, the undersigned were appointed such committee, and do respectfully report:

Until a comparatively recent date, the opinions prevailed—

1st. That primary syphilis alone is contagious.

2d. That all infection begins with a hard chancre.

3d. That constitutional syphilis is not transmissible, because it cannot be inoculated.

It appears that these views originated with John Hunter, who had evidently derived them more from reflection than experiment. At a later period, Ricord instituted a series of inoculations with syphilitic virus, chiefly for the purpose of establishing indisputable proofs for its transmissibility, which, in France, was seriously doubted. Besides the most unqualified success in this respect, Ricord obtained results which, in every particular, coincided with Hunter's views. He, therefore, not only adopted them, but he so assiduously labored for their diffusion and ascendance that they at last became the dogma of the day. Indeed, the experimentative facts brought forth by Ricord seemed to be so strong, and his arguments so plausible, that even the greatest skeptic could not withstand their obvious conclusions.

From time to time, however, clinical observations were put on record which did not exactly accord with Ricord's views. These were either coolly frowned down by the numerous adherents of Ricord or arbitrarily pronounced non-syphilitic, or primary infection.

The clinical evidences became, however, more numerous and stronger, but they were met with the same plausible refutation, "that constitutional syphilis was not inoculable, and therefore not contagious."

Strange to say, during the whole discussion upon the contagiousness of secondary syphilis, the name of William Wallace, of Dublin, was not even mentioned, and yet he had almost contemporaneously with Ricord, undertaken the same experiments, the results of which were diametrically opposite.

As early as 1835, Wallace had already acquainted himself with the fact that, although constitutional symptoms could not be translocated on the same individual, yet they would take effect upon a healthy one. His lectures on this subject were published in the London *Lancet* in the same year, and 1838, in the form of a monograph, under the title, "A Treatise on the Venereal Disease and its Varieties; new edition: London." In relating his experiments,

Wallace indicates the cause why the inoculation of secondary virus, by Hunter and Ricord, had been negative; why a mother suffering from constitutional syphilis cannot be infected by her child, unless her disease had been mitigated or relieved by appropriate treatment, in which case the inoculability became re-established. He describes the method of inoculation adopted by himself, and states the period of incubation for the constitutional virus to be longer, mostly several weeks.

Wallace's meritorious labors in England fell dead, and in France Ricord took good care of them. Waller's three successful experiments by inoculating the blood of constitutionally syphilitic patients upon healthy individuals, (first published in the *Prager Vierteljahrsschrift*, 1851, I., and subsequently in *Gazette des Hopitau*, Nos. 18 and 22, fevr. 1851,) Vidal's effective inoculations of the pus of secondary ecthyma pustules, followed by a similar one of Cazenave, (Annales de Mal, de peau 1851,) brought the subject before the Societi de Cherurgie of Paris, and gave rise to an animated discussion, in which Ricord took a part. He doubted the correctness of their diagnosis, and suggested that the alleged ecthyma pustule might have been a primary erythematous chancre, and in this most convenient way Ricord partially succeeded in surrounding the subject with new doubt, and saving his dogma from annihilation.

During September and October, 1852, the subject "sur la transmissibility des accidents secondaires" was held before the Academy of Medicine of Paris, and discussed in six successive meetings. The greatest minds of France joined in the proceedings. A great deal of heterogeneous material was adduced. Reminiscences of practice; incidental observations and loosely-drawn sketches of interesting cases, could, of course, not upset the brilliant oratory and dialectics of a man who had seen and experimented a great deal, and systematized his observations.

At the end of that memorable discussion, Ricord exclaimed, "All he had heard had rendered his views still clearer and stronger, that secondary symptoms were neither inoculable nor transmissible; not a single fact had proven the contrary."

His chief rebutting argument was, again, that an error had been committed by inoculating essentially primary virus instead of secondary. Neither form, seat, nor duration could be admitted as conclusive proofs, but inoculation; and it was a very difficult thing to discriminate between primary and secondary forms. These objections were so powerful as almost to render a solution impossible. At that occasion, Wallace's merits for the elucidation of the subject were exhumed, and were republished thirteen years after their first appearance.

Vidal, in his later work, "Sur les Maladies Venerieane, Paris, 1859," has done justice to him, which was withheld by his own countrymen.

About the same time that the French Academy of Medicine was occupied with the subject, Rinecker, of Wurzbourg, in the *Verhaudlungen der Physicalich-Medicinischen Gesellschoft*, published an essay on the contagiousness of constitutional syphilis, which throws a concentrated light upon the subject. In the first place, he relates a number of clinical cases which clearly demonstrate the transmission of secondary symptoms from individual to individual, without the occurrence of primary chancre at all; consequently, a diffusion of the disease ad infinitum. And he thinks that they are as fertile a source for the propagation of secondary syphilis as the venus vulgivaga for the primary form. For instance, one case in which a mother transmitted the disease to her baby; this to the grandmother; the latter to another child, with which she shared the same bed; and, in fine, the disease was carried into another family, and so on. He never succeeded in inoculating secondary virus upon patients already infected with constitutional symptoms, and corroborates Hunter, Wallace, Ricord, Waller, and others, on this particular point.

Rinecker then gives the cases from which he severally derived the virus, and relates his experiments as follows:

Case 1. Broenner, servant, aged twenty-eight years, received into the Julius Hospital, of Wurzburg, on the 9th of June, 1851, suffering from syphilitic acne about the nose and chin; broad secreting condylomota at the large labia and anus, and leucorrhœa, causing erosion of the integuments. She was, moreover, in the fourth month of her pregnancy. There was nowhere a trace of a primary ulceration. The repeated use of Ricord's pills and appropriate external applications subdued all the symptoms, and she was discharged cured on the 7th of July. Up to the 17th of November, she states to have been quite well, when she, at the lying-in department, gave birth to a weak, but apparently healthy child, which was immediately transferred to the care of a nurse, and artificially fed.

Case 2. On the 9th of December of that year, the same baby was brought to the policlinic, moderately atrophic, and affected with diarrhœa and erythema about the nates. There were then no indications of secondary symptoms. Whilst under treatment and improving, flat condylomata appeared at the genitals, inside of the thighs, plaques mouceux on the lips and the tongue; soon after a lenticular syphilide on the face, and, in fine, onychia on the fingers and toes. The baby became marasmatic, and died on the 12th of January.

Case 3. The nurse, in the second case, having become sick, the child had to be placed under charge of another person, a girl twenty years of age.

In the very first days of January, this person exhibited flat tubercles, which soon became superficially excoriated, cracked, (rhagades,) and covered with a thin scab. From the right angle of the mouth, that affection diffused pretty extensively; in the oral cavity, it assumed the form of slime plaques. A most careful examination of the girl disclosed no traces of primary symptoms, and the genital organs were in a state of perfect integrity. The mode by which the transmission of the virus, from the ward to the nurse, had been effected, had been through the spoon used in feeding the baby. Sometimes the nurse had pressed the lips upon the child's mouth and cheeks, for the purpose of pacifying the sufferer. The attention of the nurse being called to that fact, she avoided, subsequently, contact with the patient. By mere external treatment, unguentum hydr. biniodidi, (gr. v. to ℥ ss.,) the local

symptoms gradually subsided, and, after some months, the nurse remained entirely free.

To be continued.

Medical Missionary Society of China.—The twenty-second annual meeting of this Society was held at Canton, January 17th, 1861. From the report of the hospital, presented by John G. Kerr, M. D., we learn that the number of patients received during 1860, was 17,631. Two hundred and six in-patients were admitted, and more than two hundred and fifty surgical operations were performed. The diseases treated have been, a majority of them of a chronic character. Those of the eye and skin, rheumatism, bronchitis, dropsy, scrofula, have been most numerous. The vaccine department established last year, has been continued with very satisfactory results. In the spring some fresh lymph was obtained from Dr. Murray, Colonial Surgeon of Hong Kong, from which about seven hundred were vaccinated. Vaccination has been practiced in China for many years, and the history of its introduction there is as follows: A man, whose family name was Yau, was instructed in the art in 1805 by Dr. Alexander Pearson. He continued in the practice for many years, and was succeeded by his son, from whom the Missionary Society procured the lymph. His method of operating was to make four or five transverse incisions in the arm, half an inch long, with the lancet, and then dipping it in the mature vesicle the lymph is transferred directly from one arm to another. Mr. Yau has a portrait of Dr. Pearson in his office, and he also keeps for distribution a concise history of vaccination, from which it appears that "it came from the west." In the tenth year of the Emperor Ka Hing, (1807,) my honored father, Ho Chun, first obtained and disseminated it every where. Verily it is an advantage to children that they may escape the heaven's flowery pestilence (smallpox.) Formerly when the General Topography of Canton Province was being revised, the Gov. Gen Un commanded the account of vaccination to be inserted in the records of the capital in connection with my honored father. In the nineteenth year of Ka Hing, (1815,) application was made to the Hong merchants to establish a vaccine dispensary so that the virus might never be lost. In the twenty-second year of Ka Hing, (1818,) my honored father commanded me to devote myself exclusively to this art in the dispensary." In the twenty-seventh year of Tau Kwong, (1849,) Tau went to the imperial city to disseminate vaccination; in 1850 his father died, and as his dying injunction, said, "You, my eldest son, have received my instructions for more than thirty years—hereafter it devolves upon you to disseminate abroad this benevolent art, and never permit it to be lost." In 1852 the vaccine dispensary was re-established, and Yau was invited to superintend the business. "Now," he says, "the virus which I use is derived directly from that brought by the Hong merchants, and before it is used, a man skilled in detecting leprosy examines the child, and thus all danger is avoided." From this source it is probable vaccination is extensively practiced in the celestial empire.

The report upon the surgical cases treated is so interesting, that we shall republish it almost entire.

Vermont Medical Society—Semi-Annual Meeting.—The Vermont Medical Society met on Wednesday, June 19, in Rutland, the president, Dr. Morgan, of Bennington, in the chair. The subject of Diphtheria was taken up and very ably discussed by Drs. Cushman, Griswold, Knowles, Woodward, McCollom, Huntington, Cochran, Pond, Cook, and the president.

On motion of Dr. McCollom, the chair appointed, as a committee to report upon the qualifications of candidates for membership to their Society, Drs. Love, Griswold, and Knowles.

The Society met Thursday, June 20th, at 9 o'clock, A. M., pursuant to adjournment. The Business Committee reported for discussion—1st. Diphtheria. 2d. Placenta Prævia. 3d. Injuries of the Hip-Joint. 4th. Abscess of the Lungs.

On motion of Dr. Cook, it was voted that the President and Secretary be a committee to designate members of the Society who shall prepare written articles upon some subjects connected with the medical profession, to be read at the annual meeting of the Society.

The discussion upon Diphtheria was renewed by Dr. Cushman; after which Dr. Griswold reported a very remarkable case of abscess of the lungs. Dr. Perkins reported a case of phlegmonous abscess, somewhat analogous to the one reported by Dr. Griswold. The subject of injury of the hip-joint was next taken up and ably discussed by Dr. Cochran, who reported a number of cases. The discussion was participated in by Drs. Paige and Cushman, who reported a number of cases, mostly in females; and Dr. Russ reported a case of fracture of the neck of the femur, in which there was perfect recovery, and the surgeon was sued for malpractice in confining the patient when there had been no fracture. After a contested suit of some years' duration, the case was settled, and a few years after, upon the death of the woman, a post-mortem examination disclosed the fact that there had been a very peculiar fracture and perfect recovery. Drs. Bates and Brigham reported cases.

In the afternoon, Dr. Spencer reported a case of disease of the knee-joint, and gave the members of the Society an opportunity to examine the same. The subject of placenta prævia was called up, when the following-named gentleman spoke on the subject, and reported cases: Drs. Cushman, Perkins, and Woodward. Dr. Noble called the attention of the Society to the con-

sideration of phlegmasia dolens, which subject elicited many valuable remarks. Dr. Wardner reported a case of strangulated hernia, where the use of ether by inhalation remarkably facilitated the reduction of the constricted bowel. Dr. Russ made some valuable remarks upon the same subject, and reported cases of interest —showing the beneficial effect following the use of large doses of opium and the external application of cold to the tumor. Dr. H. R. Jones spoke on the subject, and Dr. Danforth reported a very remarkable and interesting case.— *Boston Med. & Surg. Journal.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of Medical Journalism.

By O. C. Gibbs, M.D.,
Of Frewsburg, N. Y.

EPILEPSY TREATED WITH BELLADONNA.

In lecture fifth, by M. Gonzalez Echeverria, M.D., on diseases of the nervous system, which is published in the *American Medical Times* for June 8th, the following language occurs:

"Few, indeed, are the substances not vaunted as specifics for epilepsy. It would be useless and tedious to review them all, and I will only refer to those producing a marked favorable effect Belladonna is among the least uncertain remedies; it is prescribed in doses of a quarter or eighth grain twice a day, and may be continued in increasing quantities for a long period. I have seen it used by numerous patients with marked improvement. It may also be accompanied with cold douches to the spine, a strict diet, exercise in the open air, and, if required, with cauterization or a seton to the back of the neck. I judge it one of the surest remedies for epilepsy."

CHRONIC MYELITIS.

In the *American Medical Times* for June 15th, Prof. W. A. Hammond, of Baltimore, has a clinical lecture upon the above subject, in which we find a few remarks that we consider well worthy a place in our summary. The case which constituted the subject of the lecture was partially *paraphlegic*. Prof. Hammond regarded chronic myelitis as the cause of the symptoms. In regard to treatment, he remarks that "strychnia increases the amount of blood in the spinal cord," and because of that it is condemned in the present case. He says, "There are medicines, however, which directly lessen the amount of blood in the vessels of the cord by the power which they possess of causing contraction of the organic muscular fibres, which enter into the composition of the coats of the blood-vessels. One of these is ergot; the other, belladonna. You are, doubtless, familiar with examples in which this influence upon the non-striated muscular tissue is exercised by the substances in question. Wharton Jones, several years since, showed that belladonna, when applied locally to the capillaries, diminished their calibre, and consequently lessened the amount of blood which they were capable of holding. Its anti-galactic power is due to the fact that it it so constringes the capillaries of the mammary glands, that the supply of blood from which the milk is secreted is cut off. I have several times distinctly seen the capillaries of the frog's foot contract greatly from the application of a watery solution of belladonna to the web. Other examples will occur to you.

Ergot possesses the same power, and, so far as the spinal cord is concerned, in a much greater degree. You all know the influence which this substance exerts upon the organic muscular tissue composing the uterus. Another example of its power is more applicable to the case before us. I refer to the gangrene of the extremities which its prolonged use occasions. This is due to the diminution of the diameter of the capillary blood-vessels, and the consequent deprivation of blood; mortification ensues just as it does when a ligature is placed around the limb." In the case under consideration, Prof. Hammond ordered three grains of ergot to be taken three times a day, and a belladonna plaster to be applied along the spine. This was to be continued so long as improvement was well marked. Should convalescence be interrupted, belladonna was to be administered internally in appropriate doses.

Notwithstanding Prof. Hammond's condemnation of strychnine, about two years since we had a very similar case to the one reported. It had been treated ineffectually by an eclectic for several weeks. We ordered strychnine in conjunction with quinine, one-twenty-fourth of a grain of the former, to be increased to one-sixteenth, and three grains of the latter—both to be given three times a day. Though the patient had been for two months confined to the bed, and had no control over the fecal or urinary evacuations, yet in five weeks she was able to walk without even a cane, and had full control over the natural evacuations. The cases were, probably, not identical, and we allude to them for the purpose of urging that similar cases be scrutinized thoroughly before prescribing. Bearing upon this point, we take pleasure in referring to an article by Louis Bauer, M.D., of Brooklyn, in recent numbers of the Reporter.

ABSENCE OF THE UTERUS—THREE CASES IN ONE FAMILY.

In the *American Medical Monthly* for June, Dr.

R. Nelson, of New York, gives an account of a family of five sisters, in three of whom the uterine organ was entirely wanting. Of course, they had never menstruated; neither had either of them suffered from abdominal tumors. Two of the three had been twice married—had strong sexual desires, and presented no obstacles to the consummation of sexual intercourse. The cases are worthy of record, presenting an unique family peculiarity.

INFLUENCE OF THE MOTHER'S MIND UPON THE FŒTUS IN UTERO.

In the *Nashville Journal of Medicine and Surgery* for May, Dr. M. M. Davis, of Richmond, Miss., has an article upon this subject. Dr. Davis is a firm believer in the development of abnormalities and inhumanities in utero through the influence of the mother's mind. He narrates a case known to him, in which a woman had been, during her pregnancy, frequently frightened by a horse. Labor came on in due time, "and the object of her labor was expelled lifeless." Dr. Davis thus describes it: — "To the astonishment of the husband and all the attendants, it proved to be, instead of a child, something like the shape of a horse. Its head, ears, nose, neck, body, feet, and legs, were all as much like a horse as if it had been sired and foaled by that species of animals."

The second case came under his immediate observation. The lady, during her pregnancy, had taken a great fancy to a monkey, and miscarried, at what period of her pregnancy we are not informed. Dr. Davis thus describes the expelled contents of the uterus:—"From its neck it had the appearance of a well-formed four months' male fœtus, while its head, mouth, nose, and ears resembled those of a monkey. Its left eye had no lids, but all the ball and membranes seemed to be as blue as indigo, all of which was covered by a thin, transparent membrane. The right eye was not discernable."

CYSTORRHŒA *vs.* MATRIMONY.

A correspondent of the *Nashville Journal of Medicine and Surgery*, in the May number of that journal, says that for two years he was troubled with *cystitis*. Several "eminent physicians" were consulted, and a variety of treatment brought to bear upon the case, among which were injections into the bladder of a solution of nitrate of silver, twenty grains to the ounce.

He was advised by his physicians not to marry; but, after being treated ineffectually for two years, he disregarded the advice in this particular. He says:—"In less than three weeks after I married, the disease was entirely well, and I have had but very few slight symptoms of the affection since. (Now, about a year.) It seemed to reduce all excitement and produce an equilibrium in the system that acted like a charm."

We think the *non-professional* treatment would be less disagreeable than injections into the bladder of a solution of nitrate of silver, twenty grains to the ounce! But should a married man unfortunately be afflicted with cystitis, what is the remedy? Must he marry again?

NUTRITIVE ENEMATA.

In the *Berkshire Medical Journal*, for June, Prof. Henry Thayer has a paper upon *nutritive enemata*. He regards them with much favor in all cases where nutriment cannot be swallowed, or if swallowed, cannot be retained upon the stomach. In the same journal, Prof. Sanborn reports an interesting case, illustrating the same practice. The case was one of "prolonged and dangerous sea-sickness and vomiting, complicated with pregnancy, during an Atlantic passage in one of the British steamers."

The lady in question was discovered to be in a state of collapse, from inanition and exhaustion, on the seventh day out from port. In all that time vomiting had been incessant, and nothing whatever had been retained on the stomach. At the time I saw her, she was nearly pulseless, with the blue sunken features, and cold clammy surface that is seen in the last stages of cholera.

The smallest quantity of ice or water was instantly rejected by the stomach, mingled with bloody mucous. I suggested small injections of iced beef-tea, as strong as could be made, to be administered every twenty minutes during the night, at the same time strictly prohibiting the giving of anything after the commencement of the injection. At the end of ten hours she was allowed to take some broth into the stomach, which she retained, and thenceforth her recovery was uninterrupted.

SPONTANEOUS INVERSION OF THE UTERUS.

In the *Berkshire Medical Journal*, for June, Dr. Samuel Webber, of Charlestown, N. H., reports a case in which he caught the uterus in the very act of being spontaneously inverted. Immediately after the removal of the after-birth, an examination was made, and the parts found in proper condition. Before the finger was withdrawn, an after-pain came on, which partially inverted the uterus. While examining the extent and character of the disarranged parts, an other and more severe pain came on, which he thus describes: "The orifice (os uteri) not only dilated, but its lips seemed to curl up and retract, and the inner surface of them to be thrown

into wrinkles by the downward pressure of the inverted fundus." We should have observed that, in the examination, the mouth of the womb was not only found dilated, and its lips curled up, but the fundus was found depressed and partially inverted. Thus, it would seem that the inversion commenced at both ends, and, had it been completed, would have been spontaneous. It has been thought by nearly all obstetricians that, in all cases of inversion, a depression of the fundus was the starting point. It is supposed that the fundus is dimpled inwards, and that depression may become greater and greater until the uterus is completely inverted. To our mind, this almost universally received opinion is not philosophical, except in a few exceptional cases. In a few cases where the child is expelled, and the womb does not contract firmly, and the placenta is attached to the fundus, if the woman is in a sitting or standing position, or the physician makes traction upon the cord *before the placenta is detached*, we grant the fundus may be depressed, and complete inversion consummated. To make a homely comparison, which we may use again, the inversion is made in the same manner that a stocking is inverted by seizing the toe from the inside and drawing it through the top, the toe representing the fundus of the uterus. Prof. John Delemater, of Cleveland, Ohio, was the first, and perhaps the only obstetrician that has admitted that inversion may commence at the neck or mouth, and proceed upward, the fundus being the last inverted. We do not understand him to mean that he believes this to be the *common* method of inversion, but only an exceptional one. His conditions are somewhat like the following—from great loss of blood, or other causes, the uterus may become completely relaxed, and "as soft and pliable as a wet ox-bladder, while from the entire relaxation, the flow has passed away so freely as to allow of no accumulation within to preserve its cavity, and prevent a collapse of its inner surfaces upon one another, insomuch that there may remain no cavity into which the flabby fundus could be depressed." In such a case the collapsed body and fundus virtually drop through the flaccid and dilated, or dilateable os—the inversion commencing and proceeding upward from the mouth. Now, in our opinion, the inversion oftener commences at the mouth, but not always nor generally, as Prof. Delamater describes.

To understand our idea, let the reader contemplate, mentally, the condition of things in one or two of the last pains which expel the child. Suppose a breech presentation, (though this is not necessary,) when the breech is about to emerge from the os externum, the body lies along the distended external soft parts and the vagina, and the head in the uterus. As the contracting uterus is the expelling power, the antipode from the presenting part does not leave the uterus until the last expulsive pain. In the case supposed, the head and largest part passes the mouth of the uterus last, hence, while the *mouth is distended to its widest extent, the body and fundus must be contracting their strongest*, in the last final pain, upon top of the head, and in the final escape, *almost within the centre of the circle formed by the distended mouth*. Now, if the labor be very rapid, we can readily perceive that the body and fundus, in a rapid and powerful contraction, might pass below the plain of the distended mouth. In the contraction of the mouth they would be caught just beyond their jurisdiction, *and the completion of the contraction would complete the inversion, by a rolling backward from the mouth, and the fundus be the last inverted*. Returning to the stocking illustration—if the top be grasped and held stationary, and the leg and foot be withdrawn, the top rolls down along the leg and foot until the toe, which represents the fundus, is the last to be inverted. The illustration is not quite complete; for, in the illustration, the stocking is passive, and the foot and leg are withdrawn by an extraneous force, as is a child in forceps delivery. If the stocking were of some powerfully elastic material that was capable of contracting into a comparatively very small ball, and had been forcibly distended by crowding into it the foot and leg, then the illustration might be made more complete. If we seize the top and hold it stationary, and dilated to its utmost capacity, and the balance contracts forcible enough to expel the foot and leg, it will turn wrong-side-out, unless the top be allowed to contract just at the right time.

Time and space at our disposal are extremely limited, and we must, at present, forego further remark. If we have made ourselves understood, it is all we wish at present. When we have time to investigate cases, and examine authorities, we may enter more minutely into this subject. When inversion takes place, as we suppose, and have tried to illustrate, it is evident the placenta must be expelled before or along with the child. If the placenta is behind, and the neck has time to contract, and does it, the uterus cannot well be inverted, except because of adhesions and injudicious tractions. Any person who will take the trouble to examine the well recorded and authentic cases of inversion, we think, will find that the majority of cases have taken place at the conclusion of the last pain, or, at least, that child and placenta have been forcibly and together expelled by one powerful contraction. When the body and fundus are contracting strongly, *their internal surfaces are accurately adapted to and firmly pressing upon their contents. To dimple in and depress the fundus, then, is utterly impossible*, and the idea involves an absurdity. As well may we expect the toe of the closely-fitting stocking to dimple and depress when the leg and foot are being withdrawn. When the inversion takes place at the time we are now considering and under the circumstances described, *it must commence at the open extremity of the womb, and*

from thence proceed towards the closed extremity, or the fundus.

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THE NECROLOGY OF CHLOROFORM.

At a meeting of the Western Medical Society of London, reported in the *Medical Times and Gazette*, Dr. Sansom remarked that he considered that, at the highest estimate, the number of deaths from chloroform to the number of inhalations bore the proportion of one to ten thousand. Various considerations, however, concurred to show that this should be very much more favorable. In the first place, it was very probable that several of the deaths were from shock or fright, and not from chloroform; and in furtherance of this view was the fact that half of the number of deaths occurred before the commencement of the operation for which chloroform was administered. Another avoidable circumstance increasing the death rate was supposed to be carelessness and laxity in the administration of the vapor. Circumstantial records of thirty-four cases of death which have occurred since the publication of Dr. Snow's work, were presented; the author combined them with those recorded in that volume, and offered an analysis of their most salient points. In cases of death the proportion of males and females is about two to one, and this seemed to the author strange, since the anæsthetic is so largely used in midwifery. The average age for death is thirty to forty. It certainly seems that the strong and healthy stand a worse chance than the debilitated; but of all states of the system, chronic or acute, alcoholism the most predisposes to death. Extensive disease of the lung occasionally disposes to death from asphyxia; disease of the heart probably does not influence the mortality. Dr. Sansom strongly deprecated the administration of chloroform sprinkled on handkerchiefs, etc., basing this not only on the observed fact that a highly-charged atmosphere (5 per cent, Snow, 8 per cent. Lallemand, Perrin, and Duroy) was fatal to animals, but on the circumstance that of all the cases which he had collected only two were mentioned as occurring wherein a proper inhaler had been used. Of fifty-one cases thirty-eight declared their danger by sudden stoppage of the pulse. Five deaths occurred in which there was manifested great muscular excitement, collapse immediately following; these were all strong men in their prime. Sudden vomiting and then death occurred twice; congestion of the face was the most marked sign in six, and cessation of breathing in eight cases. Dr. Sansom considered that death occurs both by asphyxia and by syncope—in animals by palsy of respiration, the heart being "ultimum moriens;" in man occasionally from this cause, but more frequently from palsy of the heart, the respiration outliving it. In animals a constant sign on post-mortem examination is distension of the right chambers of the heart; in man this is a frequent, but still far from a constant sign. Fluidity of the blood, and a dark color thereof, occur almost invariably. The following were the author's conclusions:—In animals deaths occurs by asphyxia, and begins in the brain. In man death occurs by asphxia or syncope, and begins in the brain, in the heart, or in the lungs. Artificial respiration is the only reliable means for restoration in critical cases. Galvanism of the phrenic is valuable where the means are at hand. Before anything is done the tongue should be well drawn forward, and the mouth and throat cleared from mucus.

RESECTION OF THE ELBOW-JOINT.

This operation was performed on the 27th April ult., in St. Patrick's Hospital, Montreal. The patient was a girl, twenty-three years of age; the disease, extensive caries of the right elbow. The joint was greatly swollen and painful; the skin red and shining; and two sinuses communicated with the interior of the joint. Anchylosis (in a straight position) was complete. The olecrenon process was first removed; then the radius and ulna down to the tuberosity of the former, as well as the condyles of the humerus, and all the shaft below the condyloid ridges were sawed off. Hemorrhage was very trifling; union took place by first intention, except at sites of former fistulous openings, through which a moderate discharge was kept up for about three weeks. No pain or febrile disturbance followed, and now (five weeks after the operation) the forearm passively describes a circle of 130 degrees without, while active motion is being rapidly gained.—*Brit. Am. Journal.*

[The practice of olden surgery was to amputate frequently, often unsuccessfully. The triumph of modern surgery is to save the limb from the amputating knife, and thus ordinarily save also the patient from the grave.]

GELSEMIN IN SPERMATORRHŒA.

A physician writes to the *Am. Jour. Mat. Med.*, recommending the use of gelsemin in spermatorrhœa. He "had taken but four doses before the emissions ceased, and, by continuing the medicine, my appetite returned—the peculiar cadaverous hue of my face yielded to a more healthy color, and I was cured of my disease."

A remarkable cure; but why did not "a physician" save his co-laborers time and trouble by informing them how the medicine was prepared, and in what doses taken?

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Infants, at birth, are like boats pushed from the land into a dangerous ocean. Some go down in the act of launching. As the fleet moves from the shore, one after another of the tiny craft disappears beneath the wave. A third have perished ere the weakness of childhood grows into the strength of youth.—*Dr. Woodward's Address.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 6, 1861.

THE NEW SANITARY COMMISSION FOR THE ARMY.

Within the past few weeks a sanitary commission, consisting of Henry W. Bellows, of New York, President; Prof. A. D. Bache, of Washington, Vice-President; Elisha Harris, M.D., of New York, Corresponding Secretary; Geo. W. Cullum, U. S. A., Washington; Alex. E. Shiras, U. S. A., Washington; Robert C. Wood, M.D., U. S. A., Washington; Wm. H. Van Buren, M.D., New York; Wolcott Gibbs, M.D., New York; Samuel G. Howe, M.D., Boston; Cornelius R. Agnew, M.D., New York; J. S. Newberry, M.D., Cleveland; George T. Strong, New York; and Frederick Law Olmsted, New York, has been organized at Washington, D. C. The commission was appointed by the War Department, on the suggestion of the Medical Bureau at that city, and has the cordial coöperation and support of the government. Rooms are assigned for its use in the Treasury building. It "is vested with full authority by the Surgeon-General of the army to inspect and examine all posts, camps, and hospitals, and holds the order of the Secretary of War, that all persons in the employ of the government respect and further the inquiries and objects of the commission to the utmost of their ability." The objects proposed to be accomplished are "to devise and thoroughly execute such sanitary regulations, as will tend to economise the lives of the soldiers, and save the nation more men, money and time than could be effected by any improvement in the arms put into their hands." To effect this object, at once so commendable and so desirable, the commission propose to initiate a systematic plan by which the army shall be supplied with food properly cooked, and with properly purified water—two items, the want of which is equivalent to a difference of at least forty per cent. of its available strength, in a period of three months. "The clothing supplied the volunteer regiments, their tents, huts and quarters, their hospitals, their supply of nurses, the purity of the medicines supplied, the general sanitary regulations, (as to ventilation of tents and quarters, for instance, drainage of camp sites, the use of disinfectants, bathing and personal cleanliness,) to be enforced as a part of our military system;—precautions against disease to be adopted in particular localities," are also subjects which come within the range of investigation and action proposed by the commission.

The commission have thus laid out for themselves a work, vast in magnitude and in importance, and, if fully executed in accordance with their design, "will save," in their opinion, "at least 20,000 out of every 100,000 men raised for the war from perishing uselessly, ingloriously, and unnecessarily, from the mere want of systematic precautions which ought to be provided against the perils of exposure and disease."

In prosecuting the stupendous work thus marked out, the "members of the commission gladly serve without fee or reward," and appeal with perfect confidence to the liberality of their fellow citizens for the funds necessary to enable them to execute what they had undertaken. Permanent salaried agents must be employed at Washington and other great military centers. Expenses of traveling, printing, and transportation, must be paid. To meet these outlays, donations and subscriptions are earnestly solicited, and should be addressed to its Treasurer, George T. Strong, No. 80 Wall street, New York.

The commission, thus organized, commends itself to the sympathies, and to the earnest cooperation of all the benevolent and humane. The most incalculable good must result from its action, not only to the army itself, but also to the profession and the world, as its deliberations and conclusions will no doubt be hereafter published.

To say nothing of the fact that the Medical Profession of Philadelphia is unrepresented in this important commission—a fact for which we are at a loss to account—it strikes us as somewhat anomalous, that since the commission is appointed by the War Department, at the suggestion of the Medical Bureau at Washington, has for its object to relieve that Bureau of labor which it is impracticable for it to perform, and is directly connected with the welfare of the army, and thus of the government, in this emergency, the government should not at once assume all the expense attending it. Why should "contributions and

donations" be solicited from the people, to prosecute a work undertaken by order and under the sanction of the Government? And why should eminent men, in professional or civil life, be allowed to announce their indispensable and invaluable services as a "gratuity?" Modesty, or, *to them*, "obvious reasons," may forbid *their* asking "Congress for an appropriation," but, in our view, that body should provide all the means necessary to make the "sanitary commission" the creature of the government itself—efficient, energetic, and practically beneficial in its results.

The necessity is paramount, that vigilant measures shall be taken for the sanitary protection of the great army now in the field, nor should the means employed for this purpose be stinted to the benefactions of a few benevolent individuals. Let the treasury of the Government be devoted to the work, and it thus be made an honor to the nation.

—o—

A full sized man has in his vascular apparatus at least fifty pounds of blood. The heart contracts seventy-five times per minute, with sufficient force to propel its contents through the aorta to the minutest capillaries. Assuming that there are five pounds of fluid in the effluent currents, this weight will be lifted forty-five hundred times in a single hour by the involuntary pulsations of the heart. Or, if we suppose the muscular exertion thus equally diffused over a period of sixty minutes, to be concentrated in one effort, more than 20,000 pounds would be lifted by the heart and hurried to all parts of the frame.—*Dr. Woodward's Annual Address, Conn.*

The physician of this enlightened age has a higher duty to perform than the simple administration of medicine to the sick. It is incumbent on him, as guardian of the public health, to go behind mere symptoms and pains, to investigate ultimate causes, to ascertain, by patient research, the essential conditions of health and longevity, and then to teach others the truths he has learned. He who is *content* to combat this or that sign of disease with the weapons of the *materia medica*, is stumbling at the threshold of his work.—*Ibid.*

We are pursuaded that the secondary appetites have sometimes been fully formed during the first year of infancy. The babe cries, whereupon the nurse administers some alcoholic preparation to relieve an imaginary colic. "The medicine" evidently works like a charm, for the wailing ceases, and deep sleep ensues. Yet the apparent slumber was not the repose of nature, but the stupor of intoxication. The child thus wickedly outraged, is, in reality, a drunkard. The thirst for spirituous liquors is thus fully delveloped.—*Ibid.*

Correspondence.

Military Matters--Meeting of the Society for Medical Improvement--Important Discussion--Anæsthetics in Capital Operations--Dr. Jackson's forthcoming Work--Free Hospital in Boston--City Registrar's Report--New Ambulances for the Regiments --Medical Benevolent Society.

Boston, June 27, 1861.

Although the freshness of the sensation produced by the great uprising of the people, at the call to arms, has in a measure worn off, and our community have become accustomed to the tread of armed battalions filing through our streets, it is, nevertheless, true that military matters outrank every thing else in interest. Medically, the most frequently discussed topics are those connected with military surgery, and the hygiene of the camp. The Board of Examiners are steadily and faithfully at work selecting the most competent of those who apply for surgeons' commissions in the volunteers, and our Surgeon-General finds his office no sinecure. The importance of selecting competent men cannot be overstated, and it is to be hoped that none but those medically and physically qualified will be sent with the regiments which go to their duty under the hot sun of the South.

One of our societies—the Society for Medical Observation—has adjourned over the hot weather, to meet again in September.

At the last meeting of the Society for Medical Improvement, quite an interesting discussion took place upon the effect of anæsthetics in retarding or preventing union by the first intention in capital operations, and its effect in increasing secondary hemorrhage. Coming up, as it did, in the course of a debate upon another subject, but few facts were brought out from which any definite conclusions could be drawn, but enough was presented on both sides of the question to make it very evident that there is ample room for investigation upon this point. As to the general subject of anæsthetics, and the relative value of sulphuric ether and chloroform, the society have already taken the initiative in the appointment of a committee to collect facts, and report. I notice in a recent number of one of the leading London journals, that the circular emanating from this committee has been received, and commended to the profession there. Much has been done in various departments of medicine as to the effect of anæsthetics, but there yet remains a great and crowning work to do, in combining the whole into one grand consolidated report, which may command the confidence of the profession at large, and serve as a

book of reference for all who desire to avail themselves of this great boon to human suffering. Dr. Charles T. Jackson, of this city, well known as one of our most able chemists, and one of the original discoverers of etherization, has on hand a manuscript work on the use of anæsthetics in military surgery, which he has prepared with especial reference to the wants of the surgical department of our volunteer force, and that of the regular army also. It is a compact and complete hand-book, and I hope some enterprising and patriotic publisher may be found, who will undertake its publication.

To you, whose *habitat* is in a city where free hospitals abound, it may seem strange that a project for a similar institution should drag its slow length along, as does our's-here. But so it is. After many starts, the certainty of the undertaking seems at last to be beyond a doubt. At the last meeting of the "Improvement Society" the plans and elevations of the new structure, which obtained the prize offered by the Committee of the City government, were exhibited and explained to the members present. The plan has, at least, the merit of picturesqueness. It provides for a central building, in which the main offices of the hospital are to be placed, and six departments, in six separate buildings, connected with the centre by covered galleries, but entirely disconnected from each other. The idea, which seems to be based upon the importance and necessity of more thorough isolation than is ordinarily attained in hospital arrangements, is no doubt a good one; but in looking at the plan, beautiful and taking as it is, with its architectural embellishments, one cannot help the question that arises, can it be carried out at any reasonable cost? The space which has been allotted for the site is ample—six acres and seven-tenths—in a portion of the city which will always afford free ventilation and air; and there stands to the credit of the hospital on the treasurer's books, the sum of $35,000, the donation of two individuals. The plan has the preference of four of the consulting physicians of the city.

The weekly reports of the City Registrar show, that during the last month the deaths have been considerably below the average mortality of the same weeks during the ten years, 1851–1861. The per centages, when corrected to the increased population, compare with each other as follows, viz: as 71.5 to 74.18, making the mortality of the last four weeks more than three per cent. less than the average of the previous ten years.

Yankee-like our surgeons have been contriving ambulances for the regiments now under orders. Thus far, three have been built, each differing more or less from the other. To-day, Dr. Ruppaner, surgeon to the fourth battalion of rifles, Major Leonard, exhibited one manufactured under his superintendence. It is two-wheeled, is light and strong, will carry two on beds, besides as many more by side of the driver, and seems to be an admirable affair. One of the beds can be transformed into a litter or an operating table. But one horse is requisite, and for the legitimate purposes of a field ambulance, the object of which is to pick up the wounded and carry them from all parts of the field to a convenient place, where their condition may be attended to, it appears to combine all the requisites. The first one made under the direction of Dr. Parks, surgeon of the Light Artillery, Major Cobb, was rather a hospital wagon than a legitimate ambulance. It was quite large, required two horses to draw it, and in every way was a much more elaborate affair than the one noticed above. Each, no doubt, will be found useful in its place.

In your number for June 15th, among the answers to correspondents, you say, "We know of no such institution (as a medical benevolent society) in the country at the present time." We have one here in this State, which is in successful operation, and has been so for more than three years. There is already a fund, respectable in amount, and the annual meeting is a source of much true, social enjoyment among the brethren. Please make a note of this fact. TRIMOUNT.

NEWS AND MISCELLANY.

Army Medical Department of the State of Pennsylvania.—The following gentlemen passed, after examination by the Medical Board of the State of Pennsylvania, recently assembled in Harrisburg, have been appointed by the Governor, and have been, or will be, assigned to duty by Surgeon-General Henry H. Smith, as the regiments are organized:—

Surgeons—Chas. Bower, of Newton Hamilton; John T. Carpenter, Pottsville; James Collins, Philadelphia; S. D. Freeman, Smithport; A. W. Green, Germantown; H. A. Lichtenthaler, Lock Haven; Adolphus Patze, Philadelphia; J. A. Phillips, Pittsburgh; Lavington Quick, Phœnixville; Thomas B. Reed, Washington, Penn'a; L. W. Read, Norristown; B. Rohrer, Columbia; Ed. Shippen, Philadelphia; Wm. H. Thome, Palmyra.

Surgeons' Mates—Edward de W. Brenneman, Lancaster; Isaac J. Clark, Bridesburg; Wm. L. W. Dickeson, Philadelphia; Wm. H. Fovwood, Chester; Wm. F. Humphrey, Osceola, Tioga co.; S. H. Horner; Philadelphia; Thos. Jones, Philadelphia; Z. Ring Jones, Philadelphia; J. W. Lodge, Philadelphia; David McKinney, jr., Pittsburgh; N. F. Marsh, Honesdale; H. F. Martin, Allentown; H. K. Neff, Huntingdon; G. L. Pancoast, Philadelphia; H. Chester Parry, Pottsville; J. H. Scheetz, Dale, Berks co.; Joseph Thomas, Applebachville.

Drs. Parry, Horner, and Shippen are at present attached to the three months' regiments. The

others are, or will be attached for three years, or for the war.

The Medical Staff of our State, therefore, now consists of Surgeon-General Henry H. Smith, M.D., Philadelphia; Division-Surgeon James King, M.D., Pittsburgh, and the above list.—Other appointments, as Surgeons and Surgeon's-Mate, will be made by the executive from the list of passed candidates, as they are required by changes in the service.

Camps have been organized at Easton, West Chester, Harrisburgh, and Pittsburgh. Surgeons T. B. Reed, L. Quick, and A. Patze, with Surgeons' Mates, Lodge, Pancoast, and Dickeson, are on duty at Easton. Division-Surgeon James King, and Surgeons J. A. Phillips, B. Rohrer and H. A. Lichtenthaler are at Camp Wright, about fifteen miles above Pittsburgh, with Surgeons' Mates McKinney and Neff.

Surgeons Carpenter, Freeman, and Bower, with Surgeons' Mates Marsh, Humphrey and Thomas, are at Camp Curtin, near Harrisburg, and Surgeons L. W. Read and Green, with Surgeons' Mates De Brenneman and T. Jones, are at Camp Wayne, near West Chester.

All the camps have enjoyed fair health, the disorders being chiefly of a light character, not requiring the soldiers to enter the hospitals, though some have been seriously ill. Hospitals have been built, or arranged in buildings connected with all the camps, so as to contain about forty beds in each hospital, and furnished with every requisite for the comfort of the sick. They are provided with experienced hospital stewards and good male nurses. As characteristic of the weekly medical duty of a camp, at present, we quote the following abstract of a camp containing about 3,000 men:

Abscesses,	5	Otorrhœa,	2
Anchylosis,	1	Odontalgia,	6
Angioleucitis,	1	Parasites,	10
Bronchitis,	7	Pois. Rhus. Toxico,	3
Bubo,	2	Pharyngitis,	1
Catarrh,	23	Pleurodynia,	5
Constipation,	24	Rheumatism,	15
Conjunctivitis,	5	Rubeola,	1
Cephalalgia,	10	Sunstroke,	3
Colic,	2	Sprains,	6
Cystitis,	1	Tonsilitis,	12
Chilblains,	1	Urticaria,	4
Diarrhœa,	63	Ulcers,	3
Debility,	8	Venereal Warts,	2
Dysentery,	5	Varioloid,	6
Erysipelas,	1	Wounds Punc'd,	3
Erythema,	2	" Cont'd,	7
Eczema,	3	" Lacer'd,	3
Furuncle,	7	" Incis'd,	2
Gastritis,	1	" Gunshot, of Abdomen,	1
Gonorrhœa,	20	" Poisoned,	1
Hæmorrhoids,	2	" Whitlow,	2
Intermittent, Fever,	4		
Laryngitis,	2		
Mania-potu,	1	Total,	310
Neuralgia,	2		

Jacob Dunton, 917 Market street, has been appointed by the Governor one of the Medical Purveyors, and every precaution is taken by the Hospital Department not only to secure proper professional attendance on the troops, but also to furnish them with pure medicines and good instruments. We can justly congratulate the State on the efficiency of the service that the Governor has secured to our brave volunteers under this new medical organization, and are satisfied that it will add not only to the comfort and security of the troops, but also to the experience of the surgeons in charge of it.

Nearly every man in all the camps, embracing about 12,000 men, have, by the energy of the medical officers, been vaccinated or revaccinated. As the Surgeon-General has directed a strict record to be kept of the result, we hope at some future day to be able to lay it before our readers.

When it is recollected that but four weeks have elapsed since the organization by the Surgeon-General of the "Hospital Department of the State," it is evident that great activity has been shown in the department to secure the health of our soldiers.

Answers to Correspondents.

Dr. N. G. H., Conn.—The matter is now righted. The Reporter will be mailed to you regularly. Glad you gave us the information.

Dr. M. C. W., Ind.—We cannot give you the history of the "army worm" you mention, but would refer you, for information, to the agricultural journals, *Prairie Farmer*, Ill., the *Ohio Farmer*, Columbus, Ohio, for example.

Dr. S. M., Illinois.—Back numbers all sent as directed.

Subscriber, N. Y.—The price of "Dr. Wythe's Dose and Symptom Book, 3d edition," is 60 cts.

Dr. S. W. F., Rhode Island.—Book received, and will be duly noticed.

To Advertisers.—We would direct the attention of those desiring to advertise Medical Colleges and Schools, late Works issued from the press, Surgical Appliances, Instruments of every kind, Drugs, Medicines, etc., etc., to the Reporter, as a medium affording unsurpassed facilities for communication with the medical profession in nearly every State in the Union, (every one until the postal facilities were withdrawn from the "seceded" States,) and with the public generally. The circulation of the Reporter is more than double that of any weekly or monthly medical periodical in the country. Its terms of advertising are

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" ½ " $5; 4 do. $15; 13 do. $25; 6 mos. $35; 1 year, $50.

The terms for a column or page can be learned on application by letter, or personally.

Communications Received.

Pennsylvania—Dr. James Cunningham; Dr. Z. Ring Jones; Dr. H. B. Stevens, with encl. *Connecticut*—Dr. D. D. Hanson; Dr. D. E. Bidwell; Dr. O. S. Hickok; Dr. N. Greyson Hall; Dr. J. Lines, with encl. *Rhode Island*—Dr. S. W. Francis, (2); Dr. G. W. Biggs. *New York*—A. B. & D. Sands, (adv.); Subscriber; Dr. C. L. Mitchell. *Ohio*—Dr. F. Schmidt; Dr. H. H. Smith; Dr. O. C. Gibbs; Dr. N. B. Tyler. *Massachusetts*—Trimount; Dr. T. B. Morgan. *New Hampshire*—H. B. Cross. *New Jersey*—Dr. James E. Van Wagner, with encl.; Dr. Joseph Hedges, with encl.: Dr. R. Hamill Nassau; Dr. G. R. Sullivan, with encl. *Indiana*—Dr. M. Calvin West. *Illinois*—Dr. M. Shepherd, Dr. E. M. Edwards.

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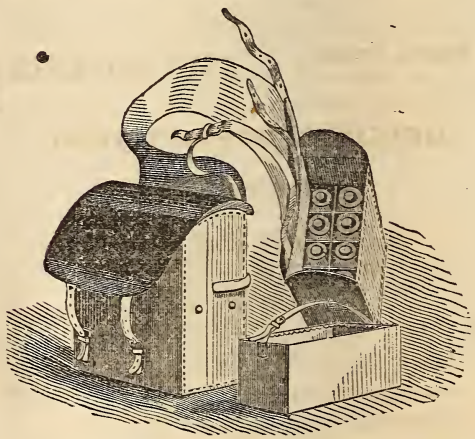

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WHOLE SERIES, NO. 247. } PHILADELPHIA, JULY 13, 1861. { NEW SERIES, VOL. VI. NO. 15.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Dental Tumors—their Pathology.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Diseases of the Mouth—*Continued.*

Dental tumors differ from the osteoids in the one great and important feature of being non-malignant.

The various causes, primary to these lesions, were set forth fully in my paper on the "Surgical Relations of Anomalous Dentitions," and the proper prophylaxis may, I think, be justly deduced therefrom.

A common odontocele is the simplest form of dental tumor, and from this the lesion varies, obscuring itself until its histology is only demonstrable by the microscope.

Example.—Simple odontocele.—This morning, July 2, I saw a young Miss, aged, I suppose, about sixteen, having a tumor, intra-maxillary evidently, occupying the anterior left side of the hard palate.

This young lady, being the child of wealthy parents, has enjoyed the advantage of consultation on her case. Much difference of opinion was the only result of the meeting.

Now, her exact condition is as follows:—She has never had a single tooth of the permanent set extracted, and she lacks, to make up the complement common to her age, the cuspidate of the diseased side. Those who consulted on her case overlooked this striking deficiency, and hence their confusion. The tumor is, of course, dental, or, at least, so great is the probability of such being its character, considering the absence from the dental arch of the tooth, that any surgeon would feel justified, I think, in founding the character of a proposed operation on such data.

Dr. D. H. Agnew exhibited to me, a few days since, a couple of undeveloped, and evidently long dead, bicuspid teeth, which he had found in an anomalous tumor of the jaw. The growth was of cystic character, and these teeth lay free in the cavity. Its dental origin was sufficiently marked.

These teeth being found in the cyst, implies their absence from the arch. A diagnosis, by inference, was easy.

The other extreme of dental tumors is well illustrated by the case given from M. Forget's memoir of the Gaudalope banker's son. If the reader will take the trouble to refer back to the four drawings given with my paper on Odontocele, (Reporter, p. 110, 111, May 4,) he will be amply repaid for his pains by the complete understanding of the subject he will find himself able to get therefrom.

Fig. 1, represents the left half of the body of the inferior maxillary, hollowed into a large cavity, containing an ivory-like, bony tumor.

d. Side view of the alveolar edge.

a. Orifice of the dental canal upon the surface of the resection of the bone in the continuity of the ramus.

b. Plane of the cut in front, showing the second small molar which was found in it.

e. Crown of the first molar, in regular position.

Figs. 2 and 3. The two halves of the anatomic section, divided according to its axis, (osseous cyst, and included tumor.)

Fig. 2.—*c.* Crown of great molar, seen through a notch in the outer wall of the cyst.

d. Second small molar.

e. First small molar.

a and *b.* Points of the same wall, perforated by the prolongation of the tumor.

f. Summit of the most elevated of these.

Fig. 3.—*a.* Interior aspect of the tumor.

b. Great molar inverted.

c and *d.* Cellulo-fibrous membrane, interposed between the osseous cyst and tumor.

Fig. 4. Microscopical examination.

M. Forget, in presenting this case to the French Academy, remarked that it was a duality of anatomical and pathological lesion, so rare, that after the strictest research, he was led to believe it unexampled in the human species. Thus then, we have here, side by side, each extreme, and understanding each, there is not likely to come anything between that we may not be able readily to explain.

A dental germ assuming, or compelled to an abnormal position, may have various sequlæ. It may make a mal eruption; it may remain encysted; it may die after partial development, or it may heterogeneously develop.

The three first are fully studied in the paper on "anomalies." We have then but to consider heterogenous development, and we have mastered the pathology of the lesion, and all its various phases.

First, let us dissect a tooth—for the parts of a tooth are the parts of such tumors. A tooth is made up of enamel, dentine, cementum, pulp substance, and peridonteum.

Enamel of the Teeth.—Cortex strata, adamantina dentium; crusta dentium adamantina; substantia vitrea.

The enamel of a tooth is that portion which caps the crown. In structure, it is fibrous; its fibres radiating from the centre to the surface.

In microscopic structures, the enamel (Owens) consists of long and slender, solid, prismatic, for the most part hexagonal, fibres of phosphate carbonate, and fluate of lime; which are essentially the contents of extremely delicate membraneous tubes.

Dentine.—Os dentis, substantia ossea, ebur dentis. This is the portion of the tooth between the cementum and enamel and between the pulp and the enamel. It makes up the great body of the organ. Dentine is composed of numberless tubules, these being not larger than the one ten-thousandth of an inch in diameter; their course is waving, each tubule having several curves resembling, according to Retzius, the Greek letter ϛ. "Prof. Retzius confirms the observation of Müller, that the tubes contain an organic earthy matter in glandular masses, which disappears under the action of dilute muriatic acid. The cells, and the small tubes which radiate from them, also contain earthy matter, as in bone. They are naturally white and opaque; but, after maceration in dilute muriatic acid, become colorless and transparent."

Chemically, dentina differs from enamel principally in the absence of the fluate of lime.

Cementum—Crusta Petrosa.—The cementum of a tooth is that portion which invests the fangs. In character, it corresponds quite closely to the osseous structures. The microscope demonstrates clearly the existence of haversian canals, and the so-called corpuscle of Purkinge, or, as Robin prefers to term them, osteoplasts.

"In growing teeth, with fangs not fully formed, the cement is so thin that the Purkingian cells are not visible; it looks like a fine membrane, and has been described as the periosteum of the fangs, but it increases in thickness with the age of the tooth, and is the seat and origin of what are called exostoses of the fangs, which are wholly composed of it." "It is the presence of this osseous substance," says Professor Owen, "which renders possible many well-known experiments of which the human teeth have been the subject; such as their transplantation, and adhesion into the combs of cocks, and the establishment of a vascular connection between the tooth and the comb, etc. Under every modification, the cement is most highly organized, and most vascular of the dental tissues, and its chief use is to form the band of vital union between the denser constituents of the tooth, and the bone in which the tooth is implanted.

Dental Pulp.—The pulp is that vascular, reddish-gray, highly-sensitive substance, occupying the cavity of the tooth. It is made up of delicate connective tissue, in which ramify the dental nerve, artery, and vein.

"When," says Mr. Nasmyth, "the internal structures of a dental pulp is examined, the number of minute cells which present themselves in a vascular form is remarkable; they seem, indeed, to constitute the principle portion of its bulk. Mr. N. describes them as varying in size, from the smallest microscopic appearance to one-eighth of an inch in diameter; and as being disposed in different layers throughout the body of the pulp." This tissue is highly endowed, and, perhaps, more liable than any portion of the body to take on morbid action; fungoid degeneration is, perhaps, its second and most common disease.

Periodontal membrane.—This is the periosteum of the tooth. Anatomically and physiologically it differs little from this general class of membranes. Pathologically, I think it may be remarked as being more susceptible to disease, and more disposed to assume quickly the

acute conditions. For example, inflammation of the periodontal membrane is easily provoked, and, once inflamed, it is ever after surprisingly prone to re-assume morbid action. Again, we need only call to mind its epulic outgrowths; the frequency and varied character of these growths.

Familiar with tooth structure, turn to fig. 4, as referred to, and trace a perversion of development in all these structures; see them forming a tumor, strictly dental, yet, to the last degree, anomalous and abnormal.

Microscopic Examination of Dental Tumor, described in the "Reporter," pp. 109, 110, 111, *made by Prof. Ch. Robin.*—Plate 1, fig. 4, (400 diameters.) —This figure represents a portion of a slight cut made into the tumor represented, (fig. 3, *a*.)

The preparation is taken from near the free edge, or the irregularly mammillated surface of the tumor. The latter is formed principally of the ivory or dentine, easily recognized upon the thin section by its very fine tubes, disposed in parallels, or nearly so, through part of their extent, (fig. 4, *e*.)

These tubes, radiating more or less regularly from the little depressions or cavities observable in the mass of the tumor, (fig. 3, *a*,) very near to each other through part of their extent, these tubes of ivory become more rare, fine, and ramified as they approach the surfaces of the dental tumor, (fig. 4, *d, f*,) and end in a very sharp point toward the lines of junction between the ivory and the enamel (*a, b, c*) and the cement, (*f, g, h*.) The presence of the ivory, which forms the greater part of the tumor, demonstrates its dental nature very clearly.

Enamel.—Another important particular is the presence of the enamel on the surface of the tumor, where it, in some measure, covers the irregularities with a varnish which molds itself upon them in order to penetrate more or less deeply into the fissures or depressions that divide the tumor superficially into lobes.

This bed of enamel varies in thickness from microscopic dimensions to a millimeter, (0,039,37 inch,) or near it, and is as irregular in places on the lower or adhering face as it is on the free surface, which the microscope alone allows to be seen. The portion of the section of the tumor that is here delineated (fig. 4) is taken at the level of one of the points where the enamel (*a, b*) in a manner penetrates (*c*) into the body of the ivory mass of which the tumor is principally formed.

The enamel is easily recognised by its narrow prisms, from six to eight thousandth of a millimeter in width, which are in immediate juxtaposition, (fig. 4, *a, b*.) The figure shows them inclined, as by the accidents of the cuts in making the section. When the cut is perpendicular, or nearly so, to their greatest axis, their prismatic form, with five or six faces, is easily seen; this is shown in the neighborhood of *b*, fig. 4.

Cement.—In the depth of the fissures, and here and there in the mass of the tumor, near its surface, and especially that part of the surface hidden in the adventitious cavity of the maxillary bone, the microscope discovers some trails or beds of variable thinness, formed entirely of the substance of the cement, (fig. 4, *g*.)

The cement is inclosed between masses of ivory, and is consolidated by the immediate contact (fig. 4) with the masses between which it lies. It extends itself in places with the surface of the tumor to the neighborhood, and even to contact with the enamel. The section represented in the plate is taken at a point that shows this arrangement, (fig. 4, *f, g, h*.) There are, besides, thin pieces of cement extending far forward into the body of the tumor.

The cement is known to be no other than the osseous substance. The figure before us exhibits the characteristic elements belonging to it. These are the microscopic cavities, called osteoplasts, or, incorrectly, osseous corpuscles, for they are excavations. The air that fills the dry bone makes these cavities appear black under the microscope, (fig. 4, *g*;) but, in the fresh state, they are full of liquid, and are pale and more difficult to observe than in the dry pieces.

These cavities, which are, in breadth and length, from one to three hundredths of a millimeter, are always of very irregular shape, on account of the presence of the fine tubes that start from all their peripheries, and traverse even the substance interposed between the osteoplasts.

The best joined pieces show that these little canals are subdivided two or three times, and are then inosculated with those of neighboring osteoplasts. The portion of cement, shown in the plate, does not exhibit this arrangement, which was visible, nevertheless, in the parts close to it.

The cuts in the tumor exhibit, moreover, little openings that are either full or empty, of a grayish or brown pus. These small orifices are from two to six-tenths millimeter and upward

in width, and from about one to two millimeters apart. The microscope shows that these orifices accompany the narrow, irregular cavities, sometimes in the form of elongated conduits hollowed out of the ivory which they pass through. The instrument also shows that the tubes of the latter start from these cavities to radiate toward the surface of the tumor, in the same manner as the tubes of the ivory in the normal tooth start from the natural cavity of the dental pulp. These narrow, irregular cavities, more or less elongated, traverse the mass of the tumor, and some of them even reach within a few millimeters of the surface.

These cavities are, in reality, nothing more than the pulp cavities of this morbid product, either rugous from desiccation or still containing some remnant of the dried pulp in the form of a brownish or grayish powder.

Thus we have the extremes: a simple cyst, with a tooth in it, and a tumor so complex in character and structure that no one but the microscopist might hope to be able to recognise it. Yet these tumors, differing so widely in their features are alike in the most important one of being benign. Their prophylaxis is the same, and for a good distance their surgery runs side by side.

Dental tumors, intermediate to these two classes, are of various features, as illustrated by the examples of epulo-dental disease in the paper of last week. But, with an ability to recognise the dental elements—with an understanding of the minute histology of enamel, dentine, cementum, and pulp substance—what difference can it make, having eyes and microscope, how these elements aggregate.

I once saw a tumor taken from the maxilla, which looked like a mass of ivory; it was quite as large as two of the molar teeth put together. I need scarcely say that it was two of the molars; their germ had in some way affiliated, and, remaining encysted, had produced this abortion. The microscope revealed very distinctly the tubulated character of the mass; this pronounced it dental quite as satisfactorily as though the shapeless lump had been molded to the tooth-form.

I have had shown me, as great curiosities, teeth with ivory masses projecting at right angles from their crowns. But I never have seen this anomaly where it was not plainly evident that the projection was a twin tooth—the result of germ-union;—there would be a tooth missing in the arch.

Many curious illustrative instances could be mentioned of anomalous incongruities in dental evolution; but, as we are prepared to understand, we would find them in character the same—enamel, dentine, cementum, and pulp structure. The arrangement only would be found to differ; with our eyes, or assisted by the microscope, we could or should be able to say of any of them, this, and this, and this is dental.

The ability, then, to distinguish a dental from a malignant osteoid tumor must certainly prove a source of much satisfaction; for, as M. Forget curtly remarks, "If intervention cannot be too radical in an instance of cancer, it is certain, on the contrary, that more caution and moderation are necessary when it is a question of a lesion, which is essentially local and of a benignant nature, and allows the surgical operation to be restricted to the precise limits of the lesion, without its being necessary to provide against an improbable repetition by encroaching upon the osseous tissues that border on it, and thus subjecting the patient to a mutilation, which could not be justified.

Recapitulatory.—There are twenty teeth in the deciduous denture, which twenty are to be replaced by thirty-two, each of which is to be quite twice the size of its predecessor.

2. Premature extraction of the first teeth interferes with the process of maxillary elongation. (See Reporter, May 11th, page 128.) This is the process by which nature attempts provision for the second set.

3. A contracted maxilla, having no accommodation for certain teeth, the germs of which are in the jaw, gives us, among other lesions, irregularity in dental evolution.

4. Irregularity in evolution yields morbid conditions, as described, and which conditions are influenced, not unlikely, by peculiarities of the general organization and manner of interference with development.

5. An overcrowded arch will surely yield periodontal and other minor troubles, and may produce lesions of grave character. The extraction of certain of the bicuspidate teeth of the permanent set should, therefore be practiced, whenever time shall make evident the existence of contractions on the part of the arch.

6. Dental tumors vary from simple cystic growth to such perverse and anomalous evolutions, that the microscope only is capable of explaining them.

7. A dental tumor is any abnormal growth of

the mouth, having its point of departure and development in irregularity of dental evolution.

8. Dental tumors are benign; operations for their cure promise all success, and may be practiced in exclusive consideration of the disease as it locally exists.

9. The existence of a dental tumor is to be inferred, "Ceteris paribus," when there is deficiency and derangement in the dental arch.

(*To be continued.*)

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

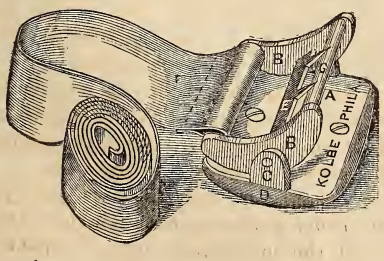
By a Hospital Surgeon of Philadelphia.

(*Continued from page* 268.)

SECTION IV.

Surgical Diseases and Accidents—Brief Hints previous to a Battle and in an Engagement.—The great value of an able and accomplished sur-surgeon, with the requisite presence of mind, willing and ready for any emergency, is never better seen than in the treatment of dangerous wounds received in battle. Many brave men must unavoidably perish from loss of blood and other causes, unless restored, and snatched, as it were, from the very jaws of death. There is no doubt, that the higher the surgeon stands in the opinion of the officers and men, the more willing will they be to risk their lives in action, being confident that every wound or injury they may chance to receive will be properly treated, and their lives, if possible, preserved.

Therefore the surgeon of a regiment should have everything necessary placed in a box or case. The capital instruments should be clean, bright, and in good order, with several tourniquets ready at hand. The following is a most admirable form for field purposes, having been modified by Kolbe, of this city.



The improvement in this field tourniquet, consists in gaining a more direct pressure than in the old form. Letter B, represents a half-circle buckle, and acts as a lever which is attached to a brass plate A, by two upright pieces, C; D, is a well-shaped wooden pad, covered with leather; F, is a strong webbing strap attached to B; G, is a roller which facilithe application strap.

He should have a number of needles, of all sizes threaded, a roll of patent lint, adhesive strips already cut, double and single headed rollers, and several handkerchiefs, which are most useful in bandaging the head, knee, etc. Each roll of muslin or bandage should have pins in it, so as to be convenient, besides a pin cushion, filled with brass, silver and steel pins; a bottle of good sweet oil. The ether and chloroform should be in bottles, covered with two cases, with several pieces of fine sponge, oil silk, etc. Also, towels, with cushions of bran, or straw, for dressing fractures. Splints of all sizes, also pieces of tape to secure the splints.

When your enemy is near, you should select a good location, shady, if possible, out of the range of the enemy's guns, and arrange a platform, to operate on, of wood. Cover the ground near it with straw, to lay your wounded men on, and, if possible, cover it with blankets, (never lay them on the cold ground,) so that they need not be disturbed after they are once dressed. Always make your arrangements to have two or three intelligent assistants; also, from six to twelve men to carry any of the men wounded, on litters; and always in removal to a great distance, obtain an ambulance, or a carriage on springs. Never neglect to have an abundance of water near at hand for the wounded men, with brandy, wine, and aromatic spirits of ammonia, and some vinegar, with laudanum, simple cerate; also, tannin, with a solution of the per sulphate of iron, as styptics. See that your assistants are properly instructed in the part they have to act. If a house, barn, or church can be procured, so much the better, but above all have your senses about you, and prevent confusion.

When the battle is once begun, and several wounded are brought to you at a time, always first take care of him who is in the most immediate danger; but, otherwise, dress them as they come, without distinction of rank. If, however, any is brought to you with a limb off, or a violent hæmorrhage, and you happen to be in the midst of an amputation or resection, or other capital operation, order your mate or assistant (for the present) to fix a tourniquet on e main artery supplying the part, and admin-

ister stimulants so that the flow of blood may not prove fatal.

Never encourage men to stay near you after their slight wounds are dressed, as there are cowards who with violent groans and complaints would make you believe they are much injured, who will stay about the surgeons' quarters, afraid of making a severe trial of their courage. Such fellows will, sometimes, try and get some trifling injury so that they may have a plausible excuse for going to the doctor.

When you are about entering on any capital operation, you should use your utmost endeavors to encourage the patient (if he is sensible) by promising him to treat him tenderly, and to operate with the utmost expedition, and promising the best results after it is over; never proceed rashly, or cruelly, and never give unnecessary pain, (using anæsthetics whenever you consider your patient cannot bear pain,) or his system is in a proper condition for them. Dress wounds as lightly as possible, with scraped or patent lint, anointed with oil or simple cerate: do not cover them with large bundles of lint, cotton, or sharpee, so as to produce heat in the part.

When the action is over, you should go round among your patients and examine if the wounds have bled much. If the hemorrhage still continues, remove the dressings, and ligate any small artery, which sometimes shows itself. After full reaction has taken place, also apply clean dressings. The tourniquets should still remain on those patients who have had their limbs amputated or shot off; in case you are deficient in the number of those useful articles, have assistants to watch them, or tie the two ends of a handkerchief together, and place a piece of wood in it, and have it ready to twist, placing a small pad over the main artery; or even let your patient be instructed how to tighten it, if he feels the wound to bleed. By neglecting this caution many valuable lives have been lost on the field of battle, and after important operations.

You must likewise see that those having wounded or fractured limbs, etc., lie easy, and that they are supported with proper diet, drinks, and medicine for symptomatic fever, pain, etc. As soon as possible, after the battle is over, see that your wounded have proper means of transportation to the nearest army hospital, acquainting the officer in command how many there are wounded, and the nature of their wounds, and how many are likely to prove mortal, etc.

We shall now pass to the consideration of surgical diseases and accidents, and first as to the use of agents to relieve pain during operations, called anæsthetics.

Although opposed to the indiscriminate use of anæsthetic medicines, yet when they are employed with proper caution, they are and have been found in military surgery a great blessing. As it relates to chloroform, there can be no doubt that many deaths have occurred from its use alone, where all needful caution have been observed in its administration. Chloroform is a most powerful sedative, and a valuable agent in local application, or in a mixture with sulphuric ether, one part, to two, three, or four parts of pure sulphuric ether, but should not be employed alone. Sulphuric ether is one of the safest and most reliable of this class of agents, and although one or two instances of death are stated to have followed its administration, this is but a very small number considering the vast number of cases in which it has been employed with success since the autumn of 1846, from the simple operation of extracting a tooth to the most extensive and dangerous operation in surgery.

The mischief, in most of the fatal cases from chloroform recorded, we are firmly convinced, results from the density of its vapor producing asphyxia, also its direct and immediate sedative action upon the heart. In administering ether, or chloroform, we should endeavor to have the patient's stomach empty, chest free from any constriction, an abundance of pure air. The system is then brought rapidly under its influence, by applying to the mouth of the patient a large loose sponge well charged with the anæsthetic. If the patient is weak, or feeble, or prostrate from shock, employ heat, brandy, ammonia and wine, to restore the circulation and heart's action, before commencing the inhalation.

Dr. Pitcher, late Surgeon United States Army, writing of his experience in regard to the use of anæsthetics in severe operations in surgery, more especially (chloroform) says: "whenever there is sufficient force in the circulation, and nervous activity to sustain the patient, I would give my voice with the general judgment of the medical profession, by which the use of anæsthetics in the severer operations of surgery is sustained. But regarding them (chloroform) as poisons of a sedative class, which, when introduced into the blood, produce cerebral exhaustion and cardiac syncope, if they do not

change the physical and vital properties of the blood itself, I feel obliged to remonstrate against their use in cases of syncope or nervous exhaustion."

Inflammation of the Eyes.—Soldiers are subject to an ophthalmia or inflammation of the eyes, not only from cold, but from frequent exposure to the night air, sun, and dust.

That resulting from cold is best and most speedily cured by mild aperients, the application of a solution of the nitrate of silver, two to four grains to the ounce of water. If there is much congestion, with headache, leeches or cups are to be applied, with small doses of opium and calomel; if the iris becomes affected, then the soft extract of belladonna must be applied around the brow. In all cases, we should examine carefully by reversing the lids, or with a probe or director, as the inflammation may be either occasioned or kept up by foreign bodies under the lids, or by cilia falling in or growing inwards, which must be removed by a pair of broad toothed forceps.

In the condition called "granular lids," the lid must be inverted and touched alternately with a crystal of sulphate of copper, or 10 to 30 grains of nitrate of silver in solution, at times taking a broad lancet and scarifying the free hypertrophied papillae of the lids, and at night anointing them with the ung. hyd. precip. rub, U. S. P. frequently fomenting the eyes with decoction of poppy heads or chamomile flowers. In the Sanitary Report of the Army from Fort McRae, Florida, Dr. William H. Babcock reports, under the name of "hemeralopia," five cases of what seemed to have exhaustion or debility of the retina from excessive stimulation. The cause of this was undoubtedly the glaring reflection of the sun from the lake and white sand. It was characterized by dimness of vision during the day, accompanied sometimes by spectral figures, and by partial or total blindness after and just before sunset.

All these effectually recovered by simply wearing a green shade before the eyes, and avoiding to use them. In two of the cases, small blisters were applied to the temples with apparent benefit.

Gonorrhœa and Syphilis.—These two diseases are apt to follow the camp and the soldier. He has been the means of their propagation from the earliest times, and is seldom entirely free from them.

Gonorrhœa.—In men it has been divided into four different species, according to the supposed seat of the disorder, or the place of the urethra from whence the discharge comes:—1. From near the point of the urethra. 2. From about an inch above it. 3. From the whole tract of the urethra up to Cowper's glands. 4. From the prostate glands, and neck of the bladder.

Symptoms.—First an itching at the end of the penis, and a discharge of clear watery liquid, or of a yellowish green colored lymph, soon followed by badly concocted pus, attended with heat and pain in passing water. This is followed at night by a cordée or painful involuntary erection of the penis. If the gonorrhœa is violent, it is attended with swelling all along the perineum, or a swelling of the testicle, and at other times with a phymosis or swelling of the prepuce or paraphymosis.

Treatment.—Maintain an open discharge from the bowels. Fomentations of hot water applied every fifteen or twenty minutes, many times in the 24 hours, on removal, the parts should be covered with a single thickness of soft linen. The patient restricted to a low diet, with entire bodily repose.

Injections of nitrate of silver, 10 grains to the ounce of rose water. The bladder should be emptied immediately before the solution is employed, so that the urethra may have a chance to rest for several hours afterwards; a glass syringe should be used, ʒj. of solution, will be enough. As soon as the operation is completed, let the patient recline on a bed or sofa, and have warm fomentations applied to the parts for two or three hours. If the secretion still continue, and exhibit a puriform character, the injection is to be repeated in twenty-four hours, as on the preceding day. If two injections fail, resort to 3 or 4 gr. solution repeated 3 or 4 times in 24 hours, and be retained 3 or 4 minutes by pressing upon the orifice of the urethra. The point of the syringe should be inserted to the distance of an inch. At the moment the instrument is introduced, the penis should be turned upwards in nearly a perpendicular position between the thumb and finger. If the discharge has existed more than a day and a night before the patient applies for relief, it will be too late to make trial of the revulsive method.

℞ Copaibæ, - - - fʒiij.
Spts. æth. nit., - - fʒss.
Tinct. kino, - - - fʒss.
Mist. camphoræ, - - fʒij.
Morphiæ sulphatis, - gr. v. M.

S. A teaspoonful 3 times a day.

Those who cannot use the liquid balsam, can use the capsules of copaiba and extr. or oil of cubebs, which are more efficient than those of copaiba alone.

W. Acton's favorite prescription—

℞ Copaibæ, - - - ℥vj.
Magnes. calc., - - ℥iss.
Ext. hyoscyami, - - ℥ss.
Pulv. camphoræ, - - ℥j.
Theriacæ, - - - ℥iij.
Micæ panis, - - - ℥iss. M.

Ft. electuarium. Dose, one drachm 3 times a day.

It must be continued 10 or 12 days after the blennorhagia has entirely ceased, injections being used as adjuncts.

℞ Pulveris cubebæ, - ℥viij.
" cinnamomi, - ℥j.
" aluminis, - ℥j. M.

Div. in chart, No. xxxij. S. One powder 3 times a day.

℞ Plumbi acetatis
Zinci sulphatis, āā - gr. iij.
Aquæ rosar., - f℥vj.

Use 3 times a day.

In gleet, blister by cantharidal collodeon applied by means of a camel's hair pencil along the whole length of the canal, except two or three lines at the orifice, weak injection, as

℞ Aquæ. - - f℥viij.
Acid. nit. - gtt. xx. M.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M.D.,
Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 46.

Median Sub-Hyoid Region — (Continued.)—To sum up, in a few sentences, the most important facts involved in tracheotomy, it may be remarked that the incision should be commenced over the cricoid cartilage, and carried to within half an inch of the top of the sternum, observing to follow accurately the median line, for which end the extended chin should range directly opposite to the middle of the sternum. After the division of the skin and superficial fascia, the white median line, which unites the sterno-hyoid and thyroid muscles, should be sought for; this divided, the loose trachial fascia, including the inferior thyroid veins, will next appear, and, perhaps, the middle thyroid artery. The isthmus of the thyroid body will be at the upper part of the wound, across the trachea, admitting, generally, of being pushed upward and held out of the way. All bleeding to be controlled before puncturing the trachea; the opening to be made a few rings below the cricoid, directly in the middle, and incised from below upward; the thyroid isthmus, when too large to be pushed aside, included in two ligatures, and divided between the great vessels at the root of the neck, always to be remembered, and last, the patient to be turned on the breast, with the head dependant, should any fluids find their way into the trachea. The risks consequent to the operation are by no means great, and it is to be regretted that an earlier resort is not had to it in threatening cases of croup. At the period in which it is generally done, little benefit is to be expected, as membranous exudations block up the smaller divisions of the bronchial passages.

Laryngo-Tracheotomy.—Another operation consists in opening the crico-thyroid membrane as in laryngotomy, and afterward dividing the cricoid cartilage. This constitutes *laryngo-tracheotomy*. In this operation a branch of the superior thyroid artery will probably require to be secured, as it passes along the lower border of the cricoid cartilages, (see fig. 41).

Thyroid Body.—This organ is classed among the glands which are destitute of ducts ("*ductless glands.*) Its size is exceedingly variable, though one ounce and a half may be regarded as the average weight of the body in the male subject. In the female its size is something greater. It consists of two lateral masses, each about 1¼ inch in length, and placed one on each side of the trachea and larynx; and a middle strip, the "*isthmus,*" stretching across the trachea immediately below the cricoid cartilage, and connecting the lateral masses together. The lateral lobes extend generally from opposite the fifth or sixth ring of the trachea to the middle of the sides of the thyroid cartilage; their upper extremities being wider apart than the lower, and having a rounded, somewhat prominent termination, have been called their cornua. Posteriorly they rest against the front of the vertebral column, extending frequently over the sheath of the carotid vessels, and being moulded, as it were, to the form of trachea and larynx, are in contact with both the œsophagus and pharynx. From the superior margin of the isthmus, or it may be from one of the lateral lobes, (generally the left,) rises a pyri-

midal process, the "*middle lobe*," which may reach, and be connected to the body of the hyoid bone. The so-called elevator muscle of the thyroid gland, described by Soemmering and other later anatomists, is not, in my estimation, a special muscle. That muscular fibres are found here, and that not unfrequent, cannot be doubted; but they are only detached fibres of either the sterno-hyoid or thyro-hyoid muscles, which a careful examination will confirm. The thyroid body is attached to the trachea and sides of the larynx by the tracheal fascia, and in front of the lateral lobes are the sterno-hyoid, homo-hyoid, and sterno-thyroid muscles.

Practical Observations.—The position of the thyroid gland explains the difficulty sometimes experienced in deglutition and respiration when it is much enlarged, pressure being made against the pharynx, œsophagus, or trachea. Cases are occasionally met with, one of which is very fresh in my mind, of paroxysmal attacks of suffocation, attending a hypertrophy of this body. The bulk was not sufficient to explain this phenomenon on the supposition of pressure against the trachea; but the situation of the recurrent laryngeal alongside that tube, a nerve endowing the muscles of the glottis with movement, (see fig. 43,) supplied a solution of the difficulty.

The enlargements of the thyroid may include the whole gland or either of the three lobes separately. Projecting, as the lateral portions may, over the sheath of the carotid vessels, such an enlargement might be confounded with an aneurism, the pulsation of the artery being communicated to the mass. As tumors, other than such as belong to the thyroid gland, appear in this region of the neck, tumors which may be safely removed, it becomes important to be able to establish a distinction. This may be determined by remembering the thyroid body is attached to the trachea by the tracheal fascia, and it must therefore move as the trachea moves. If the patient, laboring under a growth in this situation, be requested to swallow, it will, if belonging to the thyroid, rise and fall in the act; but if disconnected with it, no such movement will take place. This test would serve also to distinguish enlargements of the thyroid from aneurism. It is in point, here, to remark also, that the thyroid gland, when enlarged, does not destroy that characteristic outline of the neck made by the sterno-cleido mastoid muscle. This arises from the fact that the growth of the gland carries before it the omo-hyoid muscles, which are in front, and as these pass beneath the sterno-cleido mastoid muscles, the latter is elevated from the neck just in proportion as the gland increases in size.

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Special Meeting of June 11, 1861.

Daniel Ayres, M.D., President.

FIRST EXPERIMENT.

A young physician, W. R., offered himself to the interest of science as a subject for syphilitic inoculation. He was at the time twenty-four years old, healthy and robust, and never before infected with the disease. One of Wallace's methods was employed. By means of a small vesicatory (3″ x 2″) the cuticle upon the left arm was raised, the vesicle opened and under the epidermis on the 5th of January, 1852, matter inserted, taken from acne pustules in the frontal and superciliary region of Case No. 2.

Jan. 10th. No local effect, the blister is healing in the ordinary way.

Jan. 20th. Soon after the wound had healed, a papulous eruption appeared, accompanied with itching over the whole arm, as is not seldom the consequence of cutaneous irritation by blisters; the symptom passed of spontaneously.

On the 28th of January, a new irritation, redness and itching at the vesicated place was observed. On that day the redness was of a dark and coppery shade, and the vesicated place firm and infiltrated, more especially at one of the lower angles. At the same time some tuberculous eminences were recognizable. No pain.

Feb. 10. The vesicated place was covered with reddish brown, firm tubercles, grouped and covered with thin scales. Those that first appeared had thicker and darker scabs from the exsiccation of matter superficially formed.

Feb. 18th. (Forty-second day of inoculation.) Some of the tubercles much larger, projecting more, and are covered with laminified scabs resembling those of rupia. Below them there is suppuration. The cutis yet firm and infiltrated, particularly towards the margins of the vesicated spot. Some tenderness along the ascending lymphatics; some axillary glands painfully swelled.

An attempt was made with iodide of mercury (10 grains to the ounce,) to subdue the apparently still local symptom, and in the beginning, the attempt seemed to be successful. The tubercles grew rapidly smaller. The firmness of the skin evidently changed its consistency. At the end of a fortnight only the larger tubercles remained visible. After the ointment had been for sometime discontinued, a new increase of the symptoms took place on the 14th of March, being the seventieth day after the

inoculation. The infiltration increased again, and luxuriant, but dry tubercles, sprang up. Another attempt was made to arrest the constitutional invasion by applying a paste of chloride of zinc and starch. The slough removed the affected portion of the skin, and its detachment was accompanied by copious suppuration and healthy granulations. The cicatrization soon followed.

June 12th. Up to this day, which is the one hundred and fifty-ninth after the inoculation, and the one hundred and thirtieth since the first appearance of local symptoms, the patient had been constitutionally well. But now a general feeling of indisposition began, with a moderate gastric derangement, headache, and want of sleep. A week later a spotted redness about the tonsils and soft palate was noticed, which were soon covered with grayish white, apparently granulated exudation. Eventually those spots ulcerated superficially. A similar change was noticed also inside of the lower lip; another on the left of the frenulum lingue. The cervical glands were swelled. At a still later period, the scrotum became the seat of red infiltrated, secreting, superficial rhagades, (tubercules muqueux.) A treatment with corrosive sublimate and proper diet, effected in a few weeks (15th July,) a cure, and up to the 2:th November no manifestation of further trouble appeared.

THE SECOND EXPERIMENT

Was instituted upon Dr. Warnery, of Lausanne, who placed himself with laudable readiness at the disposition of Rinecker. Dr. W. was particularly well qualified for the experiment. He united with zeal a great minuteness in experimenting and observing. He was perfectly well and had never before suffered from syphilis, but had submitted to syphilization for a period of six weeks, when the thirteenth insertion was made. There he stopped the experiment. It should be remarked that each artificially produced chancre, was regularly destroyed on the fifth day after the inoculation. Since the last syphilization six weeks had elapsed, and as already stated, Dr. W. was perfectly well.

On the 13th of February the inoculation of secondary virus was performed in the same manner as in the previous case, the material being taken from the suppurating tubercle on the arm of W. R. The succeeding symptoms were pretty much the same as already described as in the first experiment.

On the 9th of March, (twenty-three days after,) the whole vesicated place was vividly red, the skin was hard and infiltrated with still firmer desquamating eminences. No pain.

March 21st. The local affection seemed to have arrived at its climax. There were numerous copper-colored grouped, partly confluent tuberculous eminences. Most of them were covered with brownish yellow and grayish white, tolerably adherent scabs and scales. At this juncture Dr. W. had to return home, and employed therefore the biniodide of mercury externally, without internal remedies, whereupon, after three weeks, every trace of the eruption had disappeared. From the middle of April to the beginning of May he felt completely well. Then, however, two and a half months after the inoculation, most intense headache commenced, which became unbearable, followed by general debility, anorexia, sleeplessness, and change of appearance. Almost simultadeously with those symptoms a lenticular syphilide was observed first at the back of the neck, whence it gradually extended over the scalp and face. Shortly after syphilitic sore throat commenced. The exudation connected therewith was but slight and superficial. In fine, broad, secreting condylomata sprang up on the usual places on the scrotum, inside of thigh and perineum, toward the anus.

Dr. W. with admirable coolness allowed all these symptoms to develope themselves for many weeks, and not before July he commenced treatment. The several affections soon receded, and on the 11th September Dr. Rinecker paid Dr. W. a visit, and found him completely restored.

THIRD EXPERIMENT.

On the 7th of March, matter from under the scabs of Dr. Warnery's arm was taken and inserted into the arm of a boy twelve years old, who was treated for chorea at the hospital. The results of the inoculation developed themselves pretty much in the same manner as in the other experiments. Local reaction appeared on the 27th day in the form of an indolent tubercle, covering almost the entire vesicated space. Its surface, first dry, soon became superficially eroded and secreting, and subsequently covered with laminated scabs. Without treatment of any kind, it had fallen off, and presented, on the 12th of May, a slightly depressed cicatrix. In this case it did not come to the development of constitutional symptoms.

Prof. Rinecker, from his own, from Wallace's and Waller's experiments, draws the following conclusions:

1st. The local results from inoculation with secondary virus, appear never before a fortnight, often after four weeks. Prolonged inoculation is, therefore, characteristic of secondary infections.

2d. The primitive symptoms of inoculation remain for a long time, develope very slowly, and are still extant at the appearance of constitutional symptoms.

3d. The form in which the primitive symptoms develope, is that of cutaneous tubercles, with a tendency to superficial ulcerations. The neighboring lymphatic glands become involved in most instances.

4th. The general symptoms commence scarcely ever before the fourth week, mostly at a later period, and after the first local reaction.

5th. The general symptoms indicate a total impregnation of the system, and affection of the constitution analagous to any infection with animal poison.

6th. The forms in which the general infection manifests itself, are themselves greatly diversified. They are onaculae, sometimes papulous, flat condylomata, sore-throat, form of plaques mureux.

7th. The well-established fact that the contagion is reproduced in the general symptoms, and may be effectually inoculated upon individuals in whom the

virus has either not yet been introduced, or whose disease has been effectually instigated by appropriate remedies.

Meanwhile, Baulland had brought the subject once more before the Imperial Academy of Medicine, and had insisted upon the appointment of a commission to prepare it in a tangible form for discussion and final decision.

But years passed by without a report from the committee. The subject might have rested in silence forever, but for Auzias Turenne, who succeeded in influencing the Minister of Public Instruction to submit the following questions to the Academy:

1st. Are the affections of constitutional syphilis contagious? And,

2d. Has the product of hereditary syphilis of infants, as regards its contagiousness, other qualities than constitutional syphilis of adults.

The request of a speedy answer from so high an authority could not be disregarded. Ricord's influence and position in the Academy had to yield to the authoritative demand.

The Academy promptly appointed a Committee, with Gibert as Chairman, who reported, on the 24th of May, the result of its investigation.

The report of Gibert begins by saying that the submitted questions had already been affirmatively answered by most practitioners. Hunter, and more recently, others, had attempted, by means of inoculating syphilitic virus, to throw a doubt upon clinical observation. The new school had, in toto, denied the contagiousness of constitutional syphilis; the adherents of its contagiousness had answered by clinical facts. Of late, however, Wallace, Waller, Rinecker, Velpeau, Vidal, Bouley, and others, had proved by the same means "that secondary syphilitic affections were transmissible upon individuals not yet affected."

He had questioned the necessity of instituting experiments of the same character in the face of facts so indisputable and so satisfactory to unbiassed minds, and, moreover, he (Gibert) had great aversion to inoculating healthy individuals. In consideration, however, of the obstinate and persistent denial of the opponents, he had felt himself forced to enter upon new experiments.

As had been expected, he had obtained the very same results, and arrived at the same conclusion as Rinecker, in 1852.

The difference between primary and secondary syphilis, whether acquired or inoculated, Gibert summed up as follows: in the former, quick incubation, pustular beginning, followed by ulceration and induration; in the latter, there was protracted incubation from eighteen, to twenty and more days, papulous beginning, and subsequently ulcerative and crustaceous forms.

Next Gibert entered upon the details of his four experiments which he had instituted, together with Auzias Turenne, under the supervision of the members of the Committee.

One case was so far remarkable, as the inoculation had produced but a single scab, and had, consequently not the remotest resemblance to a Hunterian chancre, as insisted on by Ricord and Rollet.

With regard to the second question, Gibert thought that he had answered it already in answering the first. Clinical facts were as numerous and conclusive as in adults. Many practitioners had recorded observations of transmission of the disease from sucklings upon wet-nurses, and its extension upon others. There was no reason to suppose that the virus followed other laws of communication, or was more or less intense than in adults. And, finally, M. Gibert proposed to return the following answers upon the ministerial questions:

1st. There are symptoms of secondary syphilis which are undeniably contagious.

2d. This is true, also, with reference to constitutional syphilis of infants upon wet-nurses, and there is no reason to presume that the disease possesses a different character in infants from that in adults.

This proposition was approved of by the Academy, after a short debate.

The discussion was opened by Ricord himself, who had been a member of the committee, but had preferred to present a special report, to signing that of the chairman. The former contained, however, but repetitions of his well-known views, and was intended to throw new doubts upon the subject. He stated, as a special plea, that he had instituted the inoculations upon patients only who had been already affected with the disease. According to his clinical observation in a most extensive practice, he had been almost always able to trace the syphilitic affection to a primary chancre, and in those few cases in which this had not been directly possible, good and rational reasons had existed for presuming such an origin. He would not deny that he had taught the transmissibility of secondary syphilis upon patients already invaded by that disease; yet, in regard to its communicability upon healthy individuals, he had expressed himself with great reservation.

Toward the end of the debate, in which the most prominent members of the Academy participated, Ricord, himself, admitted the conclusiveness of the facts stated, inoculations of secondary syphilis, and thus the question was finally settled.

Your Committee has purposely given this historical sketch in order to show that the question has been discussed for the last twenty years, and has been answered in the affirmative by conclusive clinical observations and experiments. The parties engaged in the elaboration of the subject, unite the highest reliability and respectability.

Their position is unassailable, and can scarcely be rendered stronger by new experiments or further investigation.

Your Committee might have simply reported to the Society, and referred to the proper literary sources, and asked for their discharge; but the circumstance that the inquiry on this subject has chiefly been carried on in France and Germany, and its results published in foreign languages not accessible to every member of the Society, and furthermore that English and American literature had almost entirely lost sight of the final settlement of a question so important to hygiene, forensic and practical medicine, these considerations have induced your Committee to collect material bearing upon the subject.

In conclusion, your Committee considers itself fully sustained by clinical and experimentative facts, to report, in answer to the submitted question:

"That secondary syphilis is both communicable *by contact and by inoculation.*"

As to the conditions and the mode in which the constitutional syphilitic virus may be communicated, your Committee do not deem it proper to extend their labors beyond the lines drawn by the Society. This, in itself would be a subject for special inquiry.'

Louis Bauer, M.D., *Chairman.*
Frederick Morris, M.D.
Julius Homberger, M.D.

On motion of Dr. Burge, the Committee's report was accepted, with the thanks of the Society, and the subject laid over to the next meeting for discussion. In order, however, to give it a still wider range and extend its discussion, to the condition under which secondary syphilis was to be transmitted, and the forms which are especially susceptible to communication.

It was moved and carried, that the aforesaid Committee should be continued, with the addition of Drs. Whaley and Willets.

BERKSHIRE (MASS.) DISTRICT MEDICAL SOCIETY.

We find in the Berkshire *Medical Journal*, the following graphic report of that Society, which held its meeting at Pittsfield, on Wednesday, May 22d; Dr. C. T. Collins, President, in the Chair. The Secretary being absent, Dr. H. M. Holmes was appointed Secretary, pro. tem.

The prevailing epidemic of scarlatina, following in the wake of diphtheria, and presenting anomalous forms, apparently from a complication with that disease, was discussed by Messrs. Brewster, Smith of Pittsfield, Parks, Root of Stockbridge, and Lucas.

Dr. Brewster had treated cases of scarlatina in which the rash was darker and more isolated than in its ordinary forms, accompanied with exudation on the fauces and great prostration—had used the warm bath, diaphoretics and stimulants.

Dr. Smith's cases had presented such characters that in the absence of the rash he would have called them cases of diphtheria—they were attended not by a pultaceous pharyngitis, but with a membranous formation on the tonsils and pharynx; had used tonics, stimulants, and chlorate of potash, with favorable results.

Dr. Parks had employed belladonna as an anodyne, and chlorate of potash.

The testimony of the society as to the supposed prophylactic powers of belladonna against scarlatina, was that the drug possessed no such virtue.

Dr. Root had seen rheumatism supervening on cases of scarlatina which presented the pharyngeal symptoms and prostration of diphtheria.

The treatment of rheumatism was discussed by Messrs. Smith, Evans, and Holmes.

Dr. Smith had used a mixture of iodide of potassium and colchicum, (tinc. colchici a fluid drachm, iodid. potass. grs. xv., every six hours,) with great benefit, in cases in which the alkaline treatment had proved of no utility; treated topically by bandaging and alkaline lotions.

Dr. Evans employed the muriate of ammonia in doses of thirty grains, with great success: did not believe that lactic acid was the cause of the disease, as he did not believe that fibrin was a cause of inflammation; thought the liability to metastasis gave evidence that nervous disorder was an important element in the disease—administered the muriate of ammonia not as an alkali, but as a nervous stimulant; has derived great benefit from bandaging.

Dr. Holmes also spoke favorably of the employment of iodide of potassium and colchicum, with tonics, in the treatment of rheumatism. Dr. H. had treated uncomplicated asthma, with iodide of potassium, with favorable results.

Drs. Duncan and Collins recommended the inhalation of ether during the paroxysm. Dr. D. recommended Nichols' and Squibb's preparations, particularly that of iodide of lime, as a substitute for iodide of potassium.

Dr. Cady reported a case of a lad eight years old, attacked first with diphtheria, next with rheumatism, upon which cardiac disease and dropsy had supervened. Now convalescent under digitalis and tonics.

Dr. Lucas recommended tinc. lyttæ, with iodide of potassium as a diuretic in anasarca from cardiac disease.

The Society adjourned to dine at the Berkshire Hotel.

MEDICAL MISSIONARY HOSPITAL CLINIC AT CANTON, CHINA.

Reported by John G. Kerr, M.D., of Canton.

The new wards for the reception of in-patients, were ready in April, and since that time 206 have been received. Many of these were surgical cases, and subjects of important operations. More than 250 operations of surgery have been performed during the year; among these we note the following:

GUN-SHOT WOUNDS.

The patient, from Tung-kun District, a man thirty years old, was shot in the right thigh five years ago. The place where the ball entered was closed, but a large fistulous opening existed on the inner part of the thigh. The track of the fistula was four or five inches long. The knee-joint was stiff from the thickening and condensation of the tissues on the front of the thigh. The position of the ball could not be ascertained. An incision was made to meet the end of the fistulous track, but the bullet could not be found. After this incision had healed, another, six inches long, was made through the condensed

tissues down to the bone. An iron ball was then found resting on the bone, which had been the cause of uninterrupted suffering for so many years. The wound healed rapidly, and in a few days the discharge from the fistula ceased. The patient soon recovered his health and spirits, but the stiffness of the knee-joint remained, and must continue for several months.

Another case, similar to the above, was operated on April 28th. The patient had been shot by pirates two years before. The bullet entered near the middle of the left thigh. A fistulous opening remained at the point of entrance, and communicated with several sinuses extending toward the knee and on the outer aspect of the limb. The discharge of matter was so great as to weaken the patient very much. The most careful examinations did not detect the position of the bullet. An incision, two inches in length, was made at the opening, so that the finger could be introduced into the sinuses. When we were ready to give up the search as useless, a small bullet was discovered in a cavity on the outside of the limb. At the end of three weeks, the discharge had ceased, the sinuses were healed, and the patient was discharged cured.

TUMOR OF THE NECK.

A man, named Siu A'ng, twenty-six years old, from the District of Kau Yau, had a tumor on the left side of the neck. It began about seven years ago, at a point near the middle of the side of the neck, and extended in every direction, until it occupied the space from the lower jaw to the collar-bone, and from the median line in front to the back part of the neck. Assisted by Drs. Purcell and Wong Fun, the tumor was removed on the 19th of April. It was found to involve the deep structures of the neck, and, in the dissection, the carotid artery was laid bare. The venous hemorrhage was considerable, but no artery required to be tied. When removed from the table, the patient was very much exhausted, and for forty-eight hours he was threatened with suffocation from swelling near the windpipe; but, on the third day, a favorable change occurred, and he steadily improved, so that he was able to walk out on the eighth day. In about twenty days, the wound was closed, and he returned to his home in the country. Near the end of the year, this patient presented himself again, with a return of the tumor at the lower part of the neck. It was not deemed prudent to attempt excision, but the sebaceous contents were removed, and tincture of iodine injected, with the hope of arresting its further progress.

FATTY TUMOR.

The patient was a man thirty-two years old, from the District of Hai Ping. The tumor made its appearance ten years ago; but at first it increased slowly. During the last year or two, it had been growing rapidly, and had attained an inconvenient size, and covered a space between the shoulders of five or six inches in diameter. It was removed November 15, and weighed two pounds and one-quarter. Drs. Dods and Eastlack rendered valuable assistance in this case, and also in an operation for stone performed the same day.

SARCOMATOUS TUMOR.

A female, thirty-six years old, from Fuh shan, was admitted with a tumor on the left side of the abdomen, extending obliquely toward the right side. One end was pendulous, and about four square inches of the surface were ulcerated. The patient was emaciated, anemic, feverish, and had no appetite for food. Notwithstanding the unfavorable state of the case, it was determined to operate, and the tumor was removed May 1st. The feverishness continued several days after the operation, but yielded to the use of quinine, and then her health and strength began to improve. At the end of three weeks she was able to sit up, and the wound was almost closed. She left the hospital, in July, relieved of a loathsome burden.

TUMOR OF THE FOOT.

A young man, twenty-four years old, from Sing-hing District, had a tumor on the upper surface of the foot, growing from the root of the toes backward to the ankle. The posterior part was movable, but the end toward the toes was firmly fixed. The operation was performed September 1st. The tumor was lobular, cartilaginous in structure and of almost bony hardness. It was insinuated between the bones of the foot, so as to make its removal exceedingly difficult, and the attachment to the bone of the second toe was so firm that it became necessary to remove the toe with the tumor. The extensor tendon of the third toe was involved, and a portion of it was removed. After the removal of the head of the second metatarsal bone was cut off with bone forceps, so as to allow the remaining toes to be brought close together. The parts united, and the wound closed up without any unfavorable symptom.

A man named Lai Ahing, aged thirty-nine years, from Tung Kwan District, was admitted with a small *ulcer*, three inches above the ankle. His general health was good, but the ulcer resisted all efforts to heal it. On a more careful examination, a foreign body was found in the calf of the leg which was the cause of the disease. An incision was made in the middle of the calf of the leg, where the point of the foreign body could be felt, and a piece of bamboo, three inches and a-half long, sharp at one end, and half an inch wide at the other, was removed. The patient was not aware of the presence of any foreign substance, although

it must have been there for about a year. After its removal the ulcer closed up without difficulty, and the usefulness of the man's leg was restored.

A man named Tam Apui, aged twenty-three years, from Tung Kwan District, was admitted in September. He had *caries of the right humerus*, which he attributed to an attack of fever six years ago. A portion of the shaft of the humerous was separated, and projected obliquely through the muscles and skin. It had been in this position for more than two years, keeping up a constant discharge of matter through several fistulous openings. It was easily removed with a pair of forceps. The fragment was four inches long, and half an inch in diameter. There was shortening of the arm, and anchylosis of the elbow joint. Soon after the removal of the dead bone, the fistulous openings closed, greatly to the relief of the patient, but the stiffness of the arm remained.

A man named U Atai, thirty-six years old, had *caries of the lower jaw*, resulting from diseased teeth. There were several fistulous openings discharging unhealthy and offensive matter, both internally and externally. By simply enlarging the openings, a number of fragments of dead bone were extracted, amounting to a fourth of the lower jaw-bone. After their removal the abscesses and fistulas healed very readily.

EDITORIAL DEPARTMENT.

PERISCOPE.

REMARKABLE CASE OF INJURY BY LIGHTNING.

The following report of an inquest held on the body of a woman, who was killed by a stroke of lightning, appears in the *Lancet:*

"It appeared in evidence that the deceased and her husband were overtaken by the storm which prevailed over the country some miles westward of the metropolis. They were standing together under an umbrella by the side of a lane, close to a ditch, and beneath the shelter of two elm-trees, when the wife observed, "Well! it seems to be clearing off; we may as well go." He recollected nothing more, until he found himself lying in the ditch, and his wife dead beside him. How long he had remained in a state of insensibility he did not know, but he immediately proceeded to Hampton, where he arrived about eight o'clock, and procured the medical assistance of Mr. Jepson, and a vehicle for the removal of the body of his wife, which was forthwith conveyed home. The electric fluid had tattered portions of the woman's clothing, and had rent, in a zigzag manner, her right boot, near the toe-part of which was a small hole, about the size of a crow-quill, through which it had evidently passed into the earth on which she was standing.

"The escape of Keen himself had in it something miraculous. The lightning had struck his neck on the right side, where it inflicted a sore which was seen at the inquest. Proceeding thence, it had riddled his shirt as if with shot, and had passed along a metal guard which he wore attached to his watch underneath his waistcoat. His right brace was seen blackened along the course over which this guard had lain upon it. The lightning had then cracked, in several parallel lines, the glass of his watch, which was in a fob, and had indented in two opposite places the circumference of the watch-case, leaving the works of the watch uninjured, as was proved at the inquest. It had then penetrated his right pocket and his purse, in which it had indented a half-sovereign and a half-crown, blackened a florin, and passed out at the bottom of the purse by a hole nearly similar in size to that in the foot of the woman's boot. It had then seared his right thigh as it had his neck, and finally emerged by a hole in his small-clothes above the knee. How it was that after such a shock he should have remained at most only from ten minutes to a quarter of an hour insensible, as proved by the time he was seen at Hampton, and then have been able to proceed to procure assistance to the dead body of his wife, is inexplicable."

CONCEALMENT OF A BURGLAR'S INSTRUMENTS IN THE RECTUM.

The Paris correspondent of the *Lancet* relates the following remarkable affair:

"A curious case recently brought before the Society of Surgery throws some light upon the mysteries of the Bagnio, and illustrates the desperate nature of the expedients to which the galley-slaves are in the habit of resorting, in order to elude the vigilance of their goalers. A convict at the prison of Vannes, in Normandy, condemned to fifteen years of hard labor for robbery, was suddenly seized with colic, vomiting, and fever, accompanied by obstinate constipation. In the presence of these symptoms of intestinal obstruction, search was made for a hernia, but none was found. The prisoner, aware of the gravity of his state, and hard-pressed for some explanation as to the origin and cause of the disorder by the attendant physician, confessed to having been in the habit of secreting within the cavity of the rectum the money he happened to possess. An examination of the lower bowel, first by the finger, and then by a long pair of forceps, threw no light upon the case; the intestine was empty. The peritonitis daily gained ground, and the patient, evidently sinking, was again urged to give some more satisfactory clue as to the source of the disease. He now somewhat modified his previous statement, and said that he had introduced into his rectum, a few days previously, a

cleft stick, which he used as a *porte-monnaie*, and that in the hurry of a sudden alarm, the pointed end had been inserted foremost, in lieu of the blunt extremity. The left hypochondriac region was then carefully explored, and towards the upper part of the *descending* colon, a voluminous tumor was discovered; this corresponding with the point of the obstruction. Towards the end of the seventh day the man died, and the autopsy revealed the following: The usual post-mortem signs of acute peritonitis—serous effusion, false membranes, enormous distension of the intestines by flatus, and, moreover, the existence of a foreign body of considerable size and weight, occupying the *transverse* colon. This body, on its withdrawal from the intestine, proved to be a substantial metallic case, of cylindrical form, eveloped in a piece of bladder, and possessing a conical extremity, which pointed upwards, i. e., towards the cæcum. When stripped of its covering, the cylinder, which weighed one pound five ounces, was found to be a case or tube, in hammered iron, closed at one end, and provided with a cover at the other, six inches and a quarter in length, and two in diameter. Within were found an iron tube; part of a gun-barrel four inches long; an iron screw and nut; a turnscrew; two small saws, one for wood, the other for cutting metal; the drill of a centre-bit; a file; a piece of two francs, and four pieces of one franc, together with a lump of grease—a complete thieves' arsenal. On a closer examination, it was ascertained that these instruments, united by means of the nut and screw, could be made to form a powerful lever, capable of wrenching asunder the bars of a window-grating, and thus affording the means of escape; Thanks, no doubt, to the possession of this portable "jimmy," this very convict had, on a former occasion, and when imprisoned in the goal at Brest, been enabled to regain his liberty. The medical interest of the case lies, of course, entirely in the acquired tolerance of the rectum for so enormous a suppository, and in the manner in which this capacious iron cylinder had travelled along the intestine, upstream, and against the peristaltic current, and rounded the corner of the transverse colon, in spite of gaseous distension and muscular opposition. According to the experience of the turnkeys of Vannes, the concealment of contraband articles, by insertion into the rectum, is almost universal amongst the convicts, and the little conical boxes, carried for the purpose by the galley-slaves, are commonly known amongst themselves as 'nécessaires.'"

POISONOUS MUSHROOMS.

At a recent coroner's inquest at Ipswich, England, the jury gave verdict:—"Death caused by eating poisonous mushrooms;" and recommended that great caution be exercised by persons eating this article. Dr. A. S. Taylor, in his work on Medical Jurisprudence, says "there do not appear to be any satisfactory rules for distinguishing the wholesome mushrooms from those which are poisonous, and, in some persons, even edible mushrooms will produce disorder of the stomach and bowels."

The English *Gardiner's Chronicle*, alluding to the above case, remarks that not only is it difficult to distinguish the wholesome from the poisonous mushrooms, but that there are other families of plants, a portion of which may be eaten with impunity, while others are injurious, as, for instance, the Brazilian Cherry (*Physalis Peruviana*) and the Deadly Nightshade, both of which belong to the solanacea or potato family.

The discrimination of wholesome from unwholesome productions of this class is a matter of experience, and no one is safe in the use of any vegetable substance whatever without such a degree of information as shall preclude all reasonable chance of error.—*Am. Agriculturist.*

OINTMENT OF THE BENZOATED OXIDE OF ZINC.

Dr. Erasmus Wilson, the writer on diseases of the skin, says that this ointment is the best local application for all chronic inflammations of the skin. It is cleanly and agreeable, and has a tendency to concrete upon the skin and form an artificial cuticle to an irritated and broken surface. It is made by selecting the best and most fragrant gum benzoin tears, adding them to lard in the proportion of ten grains to the ounce, and the whole digested in a water bath for about forty-eight hours; this is then strained and mixed thoroughly with ten grains of white oxide of zinc.

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Movements in the Sick-Room.—A firm, light, quick step—a steady, quick hand—are the desiderata; not the slow, lingering, shuffling foot—the timid, uncertain touch. Slowness is not gentleness, though it is often taken for such. Quickness, lightness, and gentleness are quite compatible. Again, if friends and doctors did but watch, as nurses can and should watch, the features sharpening, the eyes growing almost wild, of fever-patients, who are listening for the entrance from the corridor of the persons whose voices they are hearing there, these would never run the risk again of creating such expectation or irritation of mind. Such unnecessary noise has undoubtedly induced or aggravated delirium in many cases. I have known such; in one case death ensued.—*Florence Nightingale.*

The Cruelties of French Vivisection have excited much comment of late and a Committee of the London Society for the Prevention of Cruelties to Animals has waited on the French Emperor with a memorial on the subject, particularly in relation to the Veterinary School at Alfert.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
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MONTHLY NURSES.

The subject of Nurses and Nursing is just now undergoing a thorough discussion among both Medical and Secular Journals. Its importance is rather overrated. The energy and philanthropy of Florence Nightingale, introduced a new era in army nursing. The horrors of the Crimean war were, doubtless, greatly mitigated by the outgushing of woman's sympathy, which exhibited itself in her tender attentions to the sick in that campaign. Most truly has she been denominated an angel of mercy, as with firm, light, elastic step, a steady, quick hand, she glided among the sick or wounded soldiers, ministering to the pressing wants of each. What she was to the English army, so doubtless, will our own Miss Dix prove to be to our own army. A new sphere is thus opened for the exercise of that warm sympathy, which woman only can exhibit, and those delicate attentions which she only can show; and most nobly has she responded to the call thus made, until more have volunteered their services than the wants of the army require, or there are places to fill.

But not every woman is qualified for the station of nurse without some instruction. There are but few Miss Nightingale's or Miss Dix's in the world. Hence the necessity thus made apparent for a thorough system of training, which, in voluntary associations for the purpose all over the land, is now likely to be given.

But it was not for the purpose of commenting upon a system of nursing for the army that we commenced this article. We had in view not so much the clash of arms, and the sad results of conflict between opposing armies of men, as another epoch in the history of our race, when weak and helpless, the first breath of life begins; when both the mother and the new-born offspring need the tenderest and most assiduous care; and when, perhaps, the life of both depend upon the intelligence and efficiency of the nurse. What physician, of large obstetrical experience, has not known instances, in which the saddest results, in sickness and death, could be traced directly to ignorance of the simplest offices required of, or entrusted to the nurse; offices which the nurse only was at hand, or expected to perform. The patient may fall in labor, and delivery take place before the doctor can arrive. Here the intelligent nurse will be able to save the life, perhaps, of both mother and child. In the hands of the ignorant both may perish. Or, perhaps, as is not unfrequently the case, the last efforts of the expulsive stage may be mistaken for a pressing call for defecation, and the patient be permitted to sit upon the night stool, and the child thus perish by suffocation, as many no doubt have; or the child may be born with the cord about its neck. The intelligent nurse, in each of these conditions, will understand precisely what is necessary to be done, and apply the appropriate remedy at the proper time. But the nurse needs some instruction. It is not a sufficient qualification that she is herself a mother, that "she has gone through with it all herself." Experience is a good schoolmaster, but the vividness with which the parturient pains are remembered, does not always qualify the nurse for an unexpected emergency. Another kind of training is absolutely indispensable. It is not enough that she should know how to wash and dress the child. She ought to know something of the elements of midwifery; something of the structure of her own system with reference to the maternal function; something of the accidents and attendants of parturition; something of the peculiarities and dangers of child-bed; something of the functions of the new born child, and of the appliances sometimes necessary to strengthen its frail hold upon its new existence. This necessary knowledge may be acquired gradually, as the result of a long experience, but it may be at the cost of life in those first entrusted to her care.

For the army, trained nurses are required. No applicant is now admitted to that important station, unless she has undergone a previous thorough education; and this thorough training is acknowledged to be a public necessity; and rightly too. Those in whose hands are

placed, in a sense, the "issues of life or death" in the sick and the wounded, ought, by all means, to be well instructed for their responsible task.

If, then, such be the acknowledged requirement in army nurses—and we would elevate the standard of qualifications here instead of lowering it—is it of any *less* importance that those who nurse the woman in child-bed, the mother of future civilians, soldiers, statesmen and kings, shall, also, be thoroughly qualified? Here the delicate attentions of woman are, at times, alone admissible. The safety of the patient and her offspring depends, perhaps, upon the proper performance of these very attentions. Is not the requirement then the more imperative, that the nurse shall have the knowledge she is required to exercise? We have our associations for the proper education of army nurses. Why not, also, not only in the city but in the country, the means of instruction for those who would gladly qualify themselves to become invaluable assistants, not only to the accoucheur, but, also, to the woman in child-bed.

Here, we are confident, is a branch of the important department of nursing which has been sadly overlooked and neglected. Under the impulses of patriotism, or as the spontaneous outburst of woman's overflowing sympathy, a board of army nurses has been organized, and thousands are enrolling themselves in the list for this necessary service; nay, vieing with each other which shall do most to mitigate the horrors of war, by kind and tender attentions to those who experience its dreadful results. This is all well, but the other should not be neglected. The voice of humanity should be heard above all the din of battle, or the promptings of patriotism, or the expectation of a high niche in the monument of Fame, bidding woman to qualify herself, also, to be the nurse of her own sex, in that most important, trying, and interesting crisis in her history.

And here we would not be understood as advocating the employment of females as *accoucheurs*, (though, in many cases, the attendance of the intelligent nurse may be all that is required,) we only urge the importance of their thorough training as *nurses*, thus enabling them to become most valuable assistants to the obstetric physician. As a nurse, thoroughly qualified, her services will be appreciated, and invaluable; as accoucheur, the tender sympathies of her nature may unfit her for proper and intelligent action when most required, and her well intended efforts prove injurious rather than beneficial.

CITY HYGIENE.

In these days, when the scorching rays of a meridian sun are searching out the neglected nooks and corners of our cities, converting every cast-off vegetable, or animal fragment into a pestiferous source of malaria, filling the air with as many "stinks" as Coleridge counted in Cologne, surely no one will question the duty of medical men to direct public attention to these fruitful sources of disease, and to urge entire and most rigid cleanliness, as an important means of preserving the public health.

As one of the arrangements in city life, seriously annoying and decidedly offensive, we refer to the carting away of refuse of all kinds in the day time. Each house has a receptacle for its offal, which in a very brief space of time becomes offensive. From these receptacles, these putrefactive materials are taken in broad day light, carried upon the side-walk, to the exceeding annoyance of pedestrians, and poured into carts, often splashing their offensive contents upon the passers by; or allowed to sit upon the curb, compelling the passer to give it a wide berth, for fear of contamination, or occasionally tipped into the gutter, until the city cart shall come round in its daily tour. Or, if possible, still worse, if the contents of the receptacle be the refuse of the coal range, the air is filled with the fine dust of the coal, and the foot passenger is compelled to breathe an atmosphere impregnated with it, besides receiving it upon his garments. Or, perhaps, one of these coal-ash carts will fall in upon the city railways, just in front of the car, and, aided by a fresh breeze, in just the right direction, annoy the passengers by filling the car with the dust.

And then, again, the surface of the streets often alternates between a dust and a mud. Without previous careful sweeping, and thor-

ough removal of the mixture of dirt and filth from them, water, from the hydrants, is lavishly laid on, or the huge water cart is trundled about, laying the dust indeed, but leaving the filthy mass to putrify in the rays of the sun. Or, if the street-sweeper has performed his duty, and gathered the dirt and filth into stacks, it is sometimes left to seethe and ferment, generate and throw off its odors, during the whole day.

And then again, the drains, running as many of them do, in an indentation of the side-walk, and carrying along effete matters upon the bosom of the discolored waters, to be drifted away to a common sewer, if the force behind be sufficient, or continued long enough to accomplish it, or to accumulate and rot, if there be not, are they not fruitful sources of disease and death? Frequently, as we have passed along the side-walk, has the effluvia from these drains almost cut off our breath, and compelled us to hasten our footsteps.

These things ought not so to be. The city carts should perform their labor in the night time. The offal of the city should be collected when there are no pedestrians to be annoyed by it. The street sweepers and the dirt carts should have their duty all nicely performed ere the sun's rays light up the hill tops; and when the grateful sprinkler trundles along its slow measured step, it should be to shed upon us the grateful coolness of pure water upon a clean pavement, and not to cause what is intended as a blessing, to enter into the composition of a noxious compound, pregnant with malaria and death.

"If we are asked," says the *Medical Times and Gazette*, "to define the peculiarities of London air, they consist in the effluvia from the uncleansed streets; the effluvia from the dust-bins in the areas of houses; the effluvia from sewers and gully holes, and those hateful 'ventilating' openings in the centre of the streets; the effluvia from mews, stables, and cow houses, and from the immense quantity of sulphurious gas burned."

One would almost imagine the *Times* to be speaking of Philadelphia or New York, but it is only describing the air of London. If, however, it should be taken as having any application to either of these great centres of commerce and influence, it may be consoling to quote further: "All these sources of impure air are capable of mitigation," so that if city officials do their duty faithfully, the air of both these cities may be *ceteris paribus*, as fragrant as the breath of morning.

EDITORIAL NOTES AND COMMENTS.

THE PROPRIETY OF PROMPT OPERATIONS IN DECIDED CASES OF STRANGULATED HERNIA.

The frequent occurrence of death after the operation for strangulated hernia, when the duration of the case prior to the operation has been protracted, and the rarity of death when the operation has been promptly performed, is the experience of all surgeons. It is no uncommon thing for practitioners to allow the most violent symptoms of strangulation, after repeated taxis has failed, to continue without a resort to the operative procedure, until dissolution is imminent. The violence of the efforts, particularly in recent cases of hernia, is also exceedingly reprehensible, and tends much to increase the mortality. We have in two instances seen the contents of an omental hernia disorganised and crushed into a pulpy oily mass by rude and prolonged efforts at taxis. It should be more generally comprehended by practitioners that the operation for hernia, before the strangulation has continued many hours, and before manipulation has irritated the parts, is almost entirely devoid of danger, and that if the operation were performed within the first twenty-four hours nearly all would recover. In our own experience of sixteen operations for strangulated hernia, those which were performed within fifty-six hours from the first active symptoms of strangulation were successful. Four cases which had exceeded that period were fatal.

The statistics of the operations for strangulated hernia during seven years at St. George's Hospital, published in the London *Medical Times and Gazette*, argue strongly in favor of these views. The reporters of those statistics make the following pertinent remarks:

"These facts tend to show that the mortality in femoral hernia is due almost entirely to the negligence of the patients, and, we regret to have to add, to the ignorance and apathy or to the folly of their medical attendants. At St. George's Hospital, the rule is, and has been for a long period, to operate very early; and in

femoral hernia, either not to attempt taxis at all (should the stricture be very tight) until the patient has been put under chloroform in readiness for the operation, if necessary; or, at any rate, to confine the taxis to the most moderate efforts. Were patients generally aware of the great danger of delay after the occurrence of symptoms of strangulation, and were their medical attendants to act as though they were convinced of the risk of injury which the gut runs by prolonged detention in the hernial sac, and more particularly by the rough handling it is too often subjected to, the mortality after herniotomy would be reduced to a very low figure. Unfortunately, we still frequently see cases sent to an hospital after many days' strangulation, in which medical men have made daily and often prolonged attempts at reduction. The general rule in strangulated hernia, especially of the femoral variety, ought to be—operate at once, after the first failure of the ordinary methods for reduction. To this rule, of course, exceptions must often be made, as in inguinal herniæ, where the symptoms are slight; but in the femoral, and where the stricture feels very tight, or in any class where the vomiting is urgent or the symptoms of peritonitis clearly marked, it should be made absolute."

The Paris correspondent of the London *Med. Times and Gazette*, says, that Dr. De Saull has recently brought to the notice of the profession a dyscratic disorder which has not been described, and which may be called "the dyscrasia of coffee-house visitors." It is well known that a considerable number of Frenchmen have their real home in *cafés* and estaminets, where they eat, sleep, gamble, and often die. It is especially these *habitués* of the coffee-houses that, and of course not occasional visitors, who are liable to the disease. The tea and coffee, with the conversation, produce an abnormal excitement, but it is chiefly the air, which is contaminated with tobacco smoke, the production of the combustion of gas, and the exhalations of carbonic acid and ammonia by the visitors, which have the most pernicious effect on the health. This is especially the case during the cold season, when all ventilation of the rooms in the coffee-houses is neglected, and when the rooms are most crowded.

The prominent symptoms are said to be loss of appetite, constipation, flatulence, withered aspect of features, photophobia, loss of olfaction, decrease of sexual power, loss of memory, asthma, intermittent pulse, and numbness of limbs.

During the early stages of this peculiar affection, a retirement from *cafés* is often sufficient to produce relief. Military officers, who are garrisoned in small towns, and who spend almost the whole day in coffee-houses, are said to be the most frequent victims of the dyscrasia.

A New Cause of Death.—The *Lancet* mentions the sudden death of a young woman from congestive apoplexy as caused by "*Red Tapeism.*" Her removal to the Sydney Infirmary had been directed the day before, but was delayed by the routine which had to be gone through.

It is not long since a beautiful young woman and her babe both fell victims to the same disease, if so it may be called, in our own city. She was the wife of one of the soldiers who has gone to the war, and day after day she had made application to a city committee for relief. Too modest or too weak and sickly to press her own claims, with the pertinacity of her more masculine associates in poverty, and for want of a required formality, aid was withheld, and soon the woman and child, no longer haunted the avenue to the committee room. In a short time she was found at a filthy place in Dock street dying from hunger, her babe already dead upon her breast. We gather these facts from *The Press* of June 20.

The London *Med. Times and Gazette*, says, that in reply to the circular of the Boston Society for Medical Improvement, Dr. Kidd has sent to the Secretary the particulars of thirty-six deaths from inhalation of sulphuric ether, two from inhalation of nitric ether, and two from amylene. Dr. Kidd agrees with M. Trousseau, that ether is one-third more safe than chloroform as an anæsthetic.

We suppose that these thirty-six deaths recorded by Dr. Kidd, have all occurred in Europe, where ether has been comparatively but little used, and chloroform has been the ordinary anæsthetic; and it seems remarkable that in this country, where ether is the prevailing anæsthetic, that there should have been an entire immunity from mortality from it, whereas the deaths from chloroform have been very numerous.

The London *Lancet* is about to publish a new series of investigations relating to the adulteration of articles of food and drink. It published the results of a similar investigation nearly eleven years since, which created a

great sensation, and resulted in showing the prevalence of a gigantic and almost universal system of fraud, by which the community "were robbed, starved, and poisoned with impunity." We shall watch the progress of the investigation with interest.

The Dismissal of Pirogoff.—Professor Pirogoff, the eminent Russian Surgeon, has been summarily dismissed from his chair in the University of Kiev, simply because he proposed the institution of a special tribunal to which the Students of the University should be amenable, independently of the civil police. This course, the *Lancet* says, is the custom in that country when a subordinate dares to dissent from imperial orders, or to think for himself on matters of administration.

We stand corrected by our Boston correspondent and by our cotemporary, the Boston *Medical and Surgical Journal*, in regard to the existence of such an institution as a "Medical Benevolent Society." "The Massachusetts Medical Benevolent Society has been in existence several years, and is at present in a flourishing condition, having a long roll of members and a rapidly increasing fund."

A writer in the *Lancet* inquires as to the truth of the theory generally entertained, that, of twin sisters, one or both is barren, and mentions a case in which such sterility existed.

We can refer the writer on the other hand, to a case of twins, both of which have borne children, and these are by no means rare.

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A Wine Glass Full every Five Miles.—Mrs. Bromley in her agreeably written work, "Woman's Wanderings in the Western World," thus gives the composition of the remedy used as a preventive against fever and ague, in the West India Packet Service: "A bottle of sherry in which such a quantity of quinine has been infused, that it will demand a great deal of courage, both moral and physical, to take the prescribed quantity, which is a wine glass full every five miles."

Gutta Percha.—The discoverer of this article, the use of which is now becoming so common was the late Dr. Montgomery, of England. While travelling he observed the manifold uses to which it was applied among the Malays, and thought it might be usefully employed for splints and other surgical appliances. He collected specimens of it for the Society of Arts, for which he was awarded a gold medal.

NEWS AND MISCELLANY.

Massachusetts Medical Society.—The annual meeting of this society, for 1861, was held at Marlborough chapel, Boston, the President, Dr. John Homans, in the chair. The attendance was meagre. The papers presented were one on zymbolic diseases, by Dr. E. Cutter, of Middlesex, East District; and one on the relief of pain by subcutaneous injections, by Dr. A. Ruppaner, which was not read, the author being absent. Dr. Lincoln exhibited an enormous tumor, recently taken from the abdomen of a male patient under his care. Dr. Janes, of Dorchester, offered a series of resolutions, favoring the establishment of a Board of Health of vital statistics by the legislature of the State. The purposes of the Board are to have the general oversight of the sanitary interests of the Commonwealth; the charge of the registration law of births, marriages, and deaths, and prepare the annual report; also of the State census, and make the decennial report; also to have authority to visit all the public medical and sanitary charitable institutions in the Commonwealth and elsewhere, which receive patients for this State, and make a general annual report of their condition to the legislature. The resolutions were adopted. Dr. Henry C. Perkins, of Newburyport, delivered the annual address. The subject was the duty of the Physician and Surgeon on the day of battle or war. The officers of last year were re-elected. Dr. Henry J. Bryden was chosen anniversary chairman, and Dr. Henry I. Bowditch to deliver the next annual address.

Count Cavour.—A special correspondent of the London *Lancet* is anxious "to exonerate young Italy from the imputation of parricide" in the death of this distinguished man. Whilst admitting that "*he was bled no doubt to death,*" he says, "it is probable that in all those six or seven bleedings the whole quantity of blood lost did not amount to thirty ounces," and that an average bleeding at the hand of the "solassatore," or licensed Italian phlebotomist, is a quantity varying from three to four ounces." He mentions also that "to within a few hours of his death the Count was *his own physician,*" dictating his *own* treatment, which "the young practitioner" in attendance "blindly followed." But how do these facts "exonerate" the attending physicians? Do they not rather indicate the more certainty that the disease under which the Count labored, was one in which "bleeding" was most decidedly contra-indicated.

Surgeons Appointed.—The Governor of New Jersey has appointed Dr. Grant surgeon, and Dr. Oakley assistant-surgeon of the Second Regiment of that State; Dr. Cox, surgeon, and Dr. E. Livingston Welling, assistant surgeon of the Third Regiment. The surgeon for the First Regiment still remains an open question.

From the Army Sanitary Commission.—Rev. Dr. Bellows, President of the Commission, has recently visited the Western camps. He has seen twenty thousand troops, and inspected twenty hospitals. At Cairo he found five thousand Illinois troops, with two regiments at Bird's Point, and several companies above Cairo, on the west bank of the Ohio. The health there is good, and only two hundred and fifty men were in the hospital. The change to the Ohio water has produced diarrhœa, but the soldiers become used to it in a short time. There are several large ice-houses there, which are a source of much comfort. At Cairo a large fortress will probably be erected. The place is defended on three sides by a levee, resisting the inundations of the two rivers. The inclosed space will probably be filled up to the embankments. It is neither damp, muddy, nor unhealthy there at present. It is said that the malaria from the swamps does not produce fever and ague on those living in the immediate vicinity, but rather on persons living on high lands at some distance. The medical force at the camps was good, but there was a want of female nurses. The camp police was bad. There was carelessness in the use of sinks, and room for improvement in the culinary operations, and in establishing regular hours for meals. The men are able-bodied, well-conducted, comfortably clothed, properly equipped, and contented; have good barracks, and are the best men from all professions and trades of the West. They are all enlisted for three years.

At Alton, Dr. Bellows found the camp well situated and thoroughly drained. There are four regiments here, all enlisted for three years. The health is good. The water might be better, but is not very bad.

At Camp Pope are encamped four regiments, healthy, temperate, and well-disciplined.

In all the Western camps the men were of excellent character. The chaplains were good, earnest men. Some reforms are required and will be made. Other camps, including those in the vicinity of Washington, have been visited by the commission, and on Wednesday last they met at Washington to submit their reports to the government.

The Foot and its Covering is the title of a book recently published in London, the object of which is to exhibit the usual faults in the construction of shoes, which produce so much inconvenience and suffering, and to illustrate, on physiological grounds, the best form of foot-gear.

A Large Spot on the Sun is said to be now visible, by simply using a smoked glass, or by the unaided eye near sunset. Its location is a little to the right of the centre of the sun's disc.

A Work on Placenta Prævia, by Dr. Wm. Read, of Boston, is announced as forthcoming.

Curiosities of the English Census.—The population of England and Wales including the army, navy and merchant seamen abroad and at home has increased from 18,054,170 to 20,223,746 during the period from 1851 to 1861. Excluding the army and navy, the number of men is 9,758,852; of women 10,302.873. The *positive* increase of population has been larger than during any period of ten years during the century. The relative increase, or increase per cent. is *less* than from 1811 to 1821, when it amounted to 16 per cent. For the ten years preceding 1861 it was 12 per cent. The number of inhabited houses has increased from 1,575,-923 in 1801, to 3,745,463 in 1861. In five English and two Welsh counties the population has decreased, but the number of inhabited houses has increased. In nine English and five Welsh counties the men outnumber the women. The old central urban parishes all show a decrease. We condense the foregoing from the *Medical Times and Gazette.*

Prof. A. B. Palmer, of Michigan, says the legislature of that State *did not* pass a law requiring the establishment of a Chair of Homeopathy in the medical department of the State University.

The Hospitals for the Army in the District of Columbia have now been fully organized by the War Department. The Nursing Department is under the charge of Miss E. A. Powell, of New York.

The semi-annual meeting of the College of Physicians and Surgeons of Lower Canada was held at Montreal on the 14th of May. The question of abridging the term of medical studies from four years to three years to those students who had obtained the B. A. diploma from some University, was introduced by a deputation from McGill College, but was received with little favor.

Second Vermont Regiment.—Surgeon H. N. Ballou, Assistant-Surgeon, B. W. Carpenter. The Burlington (Vermont) *Free Press* says:—"Drs. Ballou and Carpenter are *well* fitted by character, experience, and standing as men, and in their profession, for their responsible posts, and the health of the regiment can be committed to their care with entire confidence. There will be no neglect of sick soldiers, from the boosiness of the surgeons, while they retain their posts, nor will the assistant be heard to wish that he had under his care a regiment of raw *Irishmen*, instead of "these volunteers, who thought they must be treated like gentlemen." The Vermont wing of the editorial *corps* of the Reporter says *amen* to the above.

The annual commencement of the medical department of the University of Vermont occurred June 13th. Twenty candidates received the degree of M. D. from the President, Rev. Dr. Pease. This school maintains its standing and reputation admirably, and has an excellent Board of Instruction.

Kentucky Registration Report, 1859.—This report, comprised in a pamphlet of 152 pages, has just come to hand. The State Registrar, Dr. S. M. Bemiss, remarks, that these returns have been rendered with ordinary fullness and accuracy." Few counties are models of careful statistical collection and preparation. From this report we gather the following statistics. The population of the State is:—Whites, 895,571, colored 226,591: Births, during 1859, white 20,806; males, 10,033, females, 9,733. Colored—5,600; males, 2,881, females, 2,619. Total, 26,406. Deaths—white, 7,521; males, 3,930, females, 3,591; Colored, 2,709—males 1,373, females, 1,336. Total, 10,230. Excess of births over deaths we find put down at 15,273, but taking the figures, as previously given, we make it 15,816. There were also 5,637 marriages in the same time. There was one birth in 42.49 of the population; one death in 109.69; and one marriage in 157.07. The natural rate of increase of population, as determined by the census of 1860, is 1.53. Of the diseases which prevailed somewhat extensively in the State, scarlatina is mentioned; of which, the proportional mortality was one in 1,293. In one county the mortality was one in 195 of the population. The deaths from consumption were 949.

Serious Charges against a Surgeon.—The Burlington (Vt.) *Free Press* publishes the affidavits of two members of the First Vermont Regiment, stating that the "treatment of members of the regiment when sick, by Surgeon Sanborn, was harsh and brutal, and that he was often so intoxicated as to unfit him for the performance of his duties." On one occasion he was "so drunk as to be entirely incapacitated to ascend a flight of stairs, where his services were required by private Underwood, of the Bradford company, and it was three hours before he was sufficiently over his drunken fit" to be able to attend to his duty.

These charges, thus distinctly made, will no doubt be investigated, and the surgeon dismissed from the service, if they are found true. Since writing the above, we learn that the statements are denied.

In the medical department of Georgetown College, the following persons received the degree of M. D.: Louis C. Hootee, Mo.; J. M. Benckley, Ohio; W. W. Hays, Ind.; A. R. Barry, Md.; Charles McCormick, D. C.; Charles Allen, Va.; W. H. Gardner, N. C.; and J. H. Porter, D. C. The honorary degree was conferred on James M. Evans, of Wales. Public ceremonies were dispensed with on the occasion.

Dr. Henry Howard has lately received the appointment of Physician to the Lunatic Asylum at St. Johns, C. E. The *British American Journal* regards it as a very unsuitable appointment, inasmuch as Dr. Howard has devoted the last fifteen years of his life to the specialties of eye and ear surgery exclusively.

MARRIED.

Jackson—McCarty.—At Rockaway, N. J., on the 25th inst., by Rev. Jos. F. Tuttle, Dr. John W. Jackson and Frances McCarty.

Stokes—Stokes.—On the 20th inst., at Friends' Meeting-house, in Stroudsburg, Pa., N. Newlin Stokes, M. D., of Moorestown, N. J., and Martha E., daughter of Stogdell Stokes, of Stroudsburg.

DIED.

Monroe.—In Belfast, Me., June 21, Dr. Hollis Monroe, aged 71 years.

Foote.—At the city of New Haven, on the evening of the 12th inst., of Diphtheria, (the second attack within three months,) Anna Eliza, eldest child of Dr. Charles C. and Amelia L. Foote.

Answers to Correspondents.

Dr. A. M. S., Penn.—The publisher's clerk (who certainly ought to be posted in prices.) misinformed us in regard to the price of Gross' Military Surgery. We regret the error, but it was not our own. The price of the work is 50 cents.

Dr. H. E. W., Mass.—Your letter is dated North Fair. The Reporter has been *regularly* sent to North Haven. If that is not your post-office address, please inform us We send the numbers as requested.

Dr. C. H. S., Pa.—The vaccine has been sent as requested, and circulars will be forwarded soon.

Communications Received.

Massachusetts—J. G. White; Dr. J. J. Wetherby, with encl.; Dr. J. S. Blake, with encl.; Dr. W. C. Crozier, with encl.; Dr. Charles Cullis, with encl.: Dr. Thomas J. Stephens, with encl.; Dr. A. W. R. Newton, with encl.; Dr. George S. Jones, with encl.; Dr. E. Woodbury, with encl.; Dr. J. C. Dorr; Dr. J. J. Sullivan; Dr. J. A. Burpee, with encl.; Dr. J. F. Wakefield, with encl.; Dr. G. C. Lincoln, with encl.; Dr. Charles H. Allen; Dr. E. Marston, with encl.; Dr. W. W. Wellington; Dr. J. Harlow, with encl.; Dr. John Butterworth, with encl.; Dr. J. B. Taylor, with encl.; Dr. Joseph Jackson, with encl.; Dr. S. J. Birmingham, with encl.; Dr. E. B. Moore, with encl.; Dr. Ira L. Moore, with encl.; Dr. Octavius King, with encl.; Dr. H. B. Hunton, with encl.; Dr. C. Eastman, with encl.; Dr. G. B Harriman, with encl.; Dr. C. H. Spring; Dr. T. S. Perkins, with encl.; Dr. P. R. Ridgeway, with encl.; Dr. A. G. Hall, with encl; Dr. G. Pearson, with encl.; Dr. M. Fuller, with encl.; Dr. M. Wyman; Dr. W. O. Johnson; Dr. J. F. G. Nichols, with encl.; Dr. H. J. Bigelow, with encl.; Dr H. Dupee; Dr. Wm. Osgood, with encl.; Dr. Stephen Salisbury, with encl.; Dr. E. F. Whiteman, with encl.; Dr. J. L. Simonds, with encl.; Dr. Edee. Eaton, with encl.; Dr. J. W. Burroughs, with encl.; Dr. J. T. Talbot, with encl.; Dr. George Russel, with encl.; Homœopathic Dispensary, with encl.; Dr. H. Steen; Dr. A. Hobbs, with encl.; Dr. S. K. Sheldon, with encl.; Dr. J. G. W. Pike, with encl.; Dr. H. E. Warren. *Pennsylvania*—Dr. Wm. Corson, with encl.; Dr. M. J. McKinnon; Dr. J. Breitenbach, with encl.; Dr. Wm. Voss; Dr. C. H. Smith, with encl. *Indiana*—Dr. F. T. C. Grayston, with encl. *Kentucky*—Dr. J. W. Fox; Dr. C. S. Abell. *New York*—Dr. W. B. Wood; Dr. O. C. Gibbs; Dr. R. K. Tuthill; Dr. R. R. Gregg; Dr. L. Bauer. *Rhode Island*—Dr. S. W. Francis, (2.) *Iowa*—Dr. D. Beach, with encl. *Illinois*—Dr. S. D. Fitch, with encl. *Connecticut*—Dr. Leonard Bailey.

Office Payments—Dr. S. C. McCormick, Rev. Dr. R. Hamill Nassua, Dr. John Beam, Dr. J. R. Earhart. Per Swaine: Drs. Riehl, Hatfield, Miller, McMurray, Heston, Eschleman, Howard.

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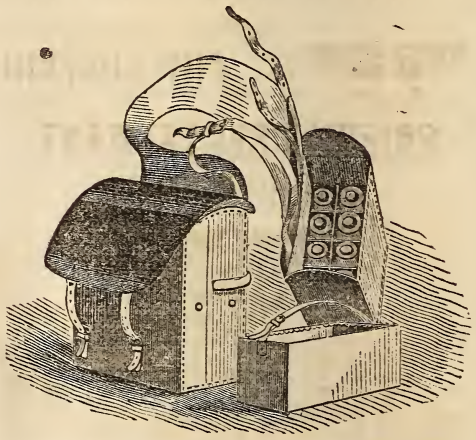

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 248. | PHILADELPHIA, JULY 20, 1861. | NEW SERIES. VOL. VI. NO. 16,

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Osseous Tumors.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Diseases of the Mouth—*Continued.*

Tumors of the maxillary bones, like tumors of other bones, and like tumors of the soft parts, are benign and malignant, analogous and heterologous.

The maxillary bones, because of this great vascularity and exposure to sources of irritation, are, perhaps, more disposed to enter on pathological conditions than any other of the ossa coporea.

Malignant tumors of these bones are only local exhibitions of a pre-existing cachexia—diathesis determines diseased action, the result of local injury.

The principal source of irritation to the maxillary bones is found in diseased teeth.

Tumors of these bones, which may, with most assurance, be looked upon as benign; are, the Encysted, the Common Inflammatory, and the Exostosis.

Those, the character of which may be esteemed doubtful, if not always malignant, are: the Osteosarcoma (fibro-plastic,) Osteo-cephaloma, Osteo-carcinoma, Osteo-melanosis, and Osteo-cancer.

Distinctive diagnostic signs, marking differences between benign and malignant growths, are only appreciable, if indeed appreciable at all, to the very experienced.

Certain general features, however, associate with the two lesions, which may be studied with much advantage.

Benign tumors are mostly referable to a cause, and are apt to be in proportion to that cause.

They are circumscribed by healthy structure. Lymph in a greater or lesser state of organization, infiltrates the neighboring tissue, marking the line of demarkation.

They do not seem to have other than the most innocent relation with adjoining organs, so far as disturbance to function is concerned.

The removal of the cause is apt to remove the effect.

In structure, benign tumors are homologous.

They represent the structure of the body to which they are allied. They do not entirely defy constitutional treatment, but are more or less amenable to it.

They are scarcely any other than a single formative capacity.

Malignant tumors are, on the contrary, not at all in proportion to a cause which may be considered the provocative.

They are not healthly circumscribed, but their elementary structures is most apt to be found "infiltrated, inserted, or diffused, in the interspaces and cavities of the tissues in which they lie."

They are associated with a cachexia, which is not unfequently more marked than the local disorder. Thus, the vis vitæ is not unfrequently so prostrated, that the patient dies outright from the systemic depression. A patient afflicted with cancer has a color, which has not inaptly been likened to a cold buckwheat cake. A cancerous tumor will be found to have affected, markedly, all glands, the vessels running into which have association with it.

The removal of any supposed cause, or the removal of a cancerous tumor itself, will not effect a cure.

In structure, these growths are heterologous; for even if it be contended that, microscopically, their minute histology implies only arrestation of normal development; yet, I think, comparison cannot be carried to the varying character of the primary granules, then, (if my pathology

is not too old,) are not common to any growth, except the malignant.

True cancer seems not amenable to any constitutional treatment; there are the best of reasons for judging, that all reports of cases cured have origin in mistaken diagnosis.

Malignant tumors have—through the cachexia—a varying formative capacity, they multiply and propagate themselves; if one is removed, a second comes to take its place; either appearing in the site of removal, or in some other locality.

Benign Osteoids—Cystic Tumor of Paget.—From Paget, through most surgical writers, mention is made of a slow growing tumor of the jaw, a distinctive pathognomic feature of which, is a parchment-like crackle given on pressure. These tumors are described as cystic, and are the result of a pouching out, and consequent attenuation of the outer lamina of the bone.

I suppose I have treated, altogether, six or eight of these cases; but I have to offer, the singular experience, of not having met one of these cysts, which I could make crackle under pressure, or any other manipulation. Depending on this so insisted upon sign, I will recall the trouble and annoyance, and I may add the mortification my first case gave me.

These tumors, as I know them, are slow of growth, being, perhaps, a year in gaining the size of a common hickory nut.* They are, to the touch, as unyielding as the exostoses. The gum covering them is as healthy and natural looking as that in any part of the mouth. Sections of them not unfrequently exhibit septi of bone, which have supported the vault of the tumor, and which, of course, when existing, would prevent any yielding.

Case — Mrs. C——, aged about twenty-one, applied to me, some two years back, for treatment of a tumor occupying the canine fossa of the left superior maxillary bone. The growth had been eighteen months in progress; was about the size of a half walnut, perfectly solid to the touch, painless, and entirely healthy looking: the greatest disquietude of the patient being mental, her mother having died from scirrhus of the rectum.

Associated by marriage, and otherwise, with the family of this lady, are some ten or twelve physicians; each of whom had, in turn, examined the tumor without coming to any satisfactory conclusion concerning it. I am not able now to recall, exactly, how this patient happened to come under my care, but, at any rate, having previously met with two or three precisely similar cases, I felt justified in pronouncing the disease a common cystic tumor; the solidity of which was, not unlikely, attributable to the existence of the septi alluded to.

A choice of operations was suggested to this lady; either, that the cyst should be cut from the body of the bone, or that a crucial incision should be made in it, and the cavity being stuffed with medicated lint, thus obliterated.

Two or three weeks being spent in consultation with friends, the patient was finally submitted to my care, the latter operation being the one decided on.

The crucial incisions were made; several delicate septi of bone, which the cuts discovered, were broken up, the cyst was injected for the first three days with weak stimulating liquors. No inflammation developing, tufts of cotton, were saturated with tinct. of iodine, and the cyst stuffed. In one week the cite of the cyst was occupied by healthy granulations: in three weeks the patient was entirely cured, and left the city for her home in an adjoining State.

Case —. About nine months back, a German woman applied to me with a cystic tumor, similar to the above; it was certainly as unyielding as solid bone. This tumor I treated by making a crucial incision through the soft parts alone, the flaps were dissected off, and the cyst being exposed, was cut away with a chisel-shaped instrument. The flaps fell naturally into the cavity, and were left, even without a stitch, to take care of themselves. The cure was complete in about a week.

The point I would impress, concerning the diagnosis of these tumors, is, that the pathognomic crackling, so invariably set down in the books, is not always present; for, as I have remarked, having treated some half dozen cases, I have not yet felt, or heard it, consequently I have the right, I think, to affirm that it is not a reliable sign.

There is, however, a tumor of the soft parts of the jaw—cystic, but not osseous—which is not to be confounded with the class just described. Both tumors look, occasionally, precisely alike, but the latter yields under pressure.

*The reader will, perhaps, recall a similar cystic tumor, of rapid growth, which I described in connection with alveolar abscess. A bony tumor, which sometimes gains the size of a hickory nut in a very few days. (This tumor I believe I am the first to describe.)

as any tumor of a semi soft part would yield. M. Paget alludes to such a disease in his lectures on Surgical Pathology, page 342–3. "A woman," he says, "thirty-eight years old, was under my care in 1849, in whom, at first sight, I could not but suppose something was distending the antrum, so closely was deformity of the face due to such disease imitated. But the swelling was soft and elastic, and projected the thin mucous membrane of the gum of the upper jaw, like a half empty sac. I cut into this sac, and let out nearly an ounce of turbid, brownish liquid, sparkling with crystals of cholestearine. The posterior wall of the cyst rested in a deep excavation on the surface of the alveolar border of the upper jaw; an adaptation of shape attained, I suppose, as the result of the long continued pressure of the cyst, which had existed six years."

M. Paget also makes mention of a young man under his care with a similar tumor, which, he says, was the result of an injury to the gum or alveolar border six months previously. In neither of these cases, says he, could I find any disease of the maxillary bone.* Their origin, so far as my experience goes, is in a diseased tooth fang. I do not know what so close an observer as M. Paget means, when he says he could find no disease of the bone. There ought to be at best one little shot-like hole somewhere about the surrounding osseous wall; at any rate, such is the history, as I have met with them.

A succeeding case, which M. Paget mentions, seems to prove that tumors are the same as I refer to. "A lady," he says, "had a small cyst of this kind which had existed twenty-seven years, filling and discharging almost daily. It had its origin in a blow, by which the two median incisors were loosened." This history is that of this particular history of chronic alveolar abscess in every particular.

Last winter, a physician, from Kentucky, applied to me for treatment of a tumor of the lower jaw, which had existed for over two years; it had the feel of a fibroid body. This gentleman, with the imaginative qualities common to the practitioner, when he himself becomes the patient, had succeeded in satisfying himself of the cancerous character of the tumor. An incision through the growth demonstrated it to be a cold alveolar abscess—in a single week he was cured, for the treatment required was, simply keeping patulous the incision, and using a few stimulating injections.

In the *Western Medical Journal*, Vol. X., page 185 to 228, I find a learned article from the pen of Prof. Gross, on "Excision of the Maxillary Bone," in which he makes the following allusion to the osteoid cysts.

"The sero-cystic tumor of the upper jaw is uncommon, and, unfortunately, devoid of malignancy. Its usual site is the alveolar process, where it has been known to attain the volume of a hen's egg, and even of a large orange. It is composed of a thin, semi-transparent, or slightly opaque bag, occupied by a colorless, or sanguineous fluid, or by a glazy, mucilaginous, substance. Sometimes, though rarely, there are two such cysts, either closely connected together, or separated by a kind of osseous septum. The bone around the tumor is expanded into a thin, elastic, crackling, parchment-like shell, and is easily penetrated by a sharp instrument, the puncture giving vent to the characteristic contents of the cyst. This, Professor G. thinks, is the best diagnostic sign of the morbid growth. The general health, he remarks, "remains unaffected in the disease, which is always tardy in its progress, and manifests no disposition to extend among the adjacent structures. Where any doubt exists as to the real nature of the case, he advises a resort to the exploring needle, which, he says, will, usually, at once dispel it.

Prof. G. thinks it is not often this tumor calls for removal of the affected bone: he gives it as his experience, that in general it will suffice to puncture it occasionally with a small trocar, to evacuate its contents, the escape of which, he says, he has found to be often followed by the rapid contraction and final obliteration of the sac. Where there is a strong tendency to reaccumulation, he recommends that a large opening should be made, and tincture of iodine thrown in, to promote the object in view.

The cystic tumor of Paget is, I presume, the same disease of the jaw to which the name spina ventosa was originally applied—spina to express pain resembling the pricking of thorns, and ventrosa, to indicate that the tumor was filled with wind. The term is not yet obselete, but like epulis, is employed so freely that no one now knows what it means.

Recapitulatory.—The cystic tumor of Paget is an osseous cyst of the jaw, which forms just beneath the outer plate of the alveolar, and has

*These cysts I have several times met with. They are, I think I may affirm, cold abscesses.

its cyst, as a result of the expansion and attenuation of the external lamina.

It is seen as a bulb on the alveolar face, is commonly met with about the size of a half hickory nut, the gum which covers it is perfectly natural in appearance. It may yield to the touch, or it may not.

The most satisfactory, and withal perfectly safe means of diagnosis, is to pass a keen scalpel or lancet into the growth; if it is the tumor we describe, the knife will give to the touch the sense of having passed through a bony wall into a cyst.

Such tumors are treated in two ways: Either by dissecting off from the wall the gum, and chiseling away the cyst; or by opening into the cavity by free incisions, and stuffing with lint—this latter is much the easier operation, indeed, it demands no special operative skill, only requiring that the extent and character of the inflammation, which it is the object to excite, should be watched.

Exostosis and Inflammatory Tumors.—These two classes of growths have such parallelism that their description runs naturally into one another.

The term exostosis, as the reader will recall, is made out of the expressive roots εξ, out of, and οστεον, a bone, "an osseous tumor which forms at the surface of bones, or in their cavities." The first is called exostosis—the latter enostosis.

The following varieties have been enumerated: Eburnee exostosis; ivory exostosis—that which is ivory-like. Lamina exostosis—that which is made up of distinct fibres, or layers. Spongy exostosis—that which is like the spongy tissue of bone.

Inflammatory tumors of bone are those having a marked origin, as the syphilitic, the scorbutic, the tubercular.

An exostosis proper is strictly benign; it is a disease of exclusively local signification. It is recognizable by its extreme slowness of growth; the entire absence of pain—except where it has some peculiar relation—its freedom from surrounding disease. It is of bony hardness, both to the touch and exploring needle. It does not tend to ulceration, and does not, except mechanically, affect the parts even most directly associated without it.

True exostosis has its origin in local irritation—perhaps always.

It is true that reference is made by authors to an ossific diathesis, but as truly remarked by Miller, "A skeleton so susceptible, is prone rather to inflammation and its results: abscess, ulcers, caries, and necrosis.

I recall a case to which my attention was once directed by my warm and lamented friend, the late Dr. Townsend, dentist. One of the most generous and noble men I have ever known—may his memory long remain green—where an exostosis was evidently the result of a gold filling, which several years before had been inserted into the cavity of a tooth, and which slightly protruded from its neck.

Reflected periodontal inflammation is a common cause of maxillary exostosis, while it must be admitted that cases occur where no primary source of offence is discoverable.

About ten years ago I operated on a medical gentleman for an exostosis situated just below the orifice of the infra orbital foramen. He could assign no cause for its occurrence.

Exostosis of the fangs of teeth—exostosis dentium—is quite a common disease, and which goes farther than any argument with which I am acquainted to prove an irritative origin of the lesion.

The forms of exostosis occurring here, are the osteo-dentinal and ocemental—and is, of course, peculiar to the region.

While I have seen some two or three cases where the crowns of teeth were enlarged, as if from a species of exostosis, a hypertrophy, yet these were so anomalous, that I may describe the growth as associated exclusively with the fangs, and even here it is mostly confined to the apex, growing as a bulb about the end of the root. Occasionally, however, the whole root is involved, the deposit being quite regularly diffused about it, or the mass may be found as an irregular tubercle on the side of the root.

The diagnosis of exostosis of teeth roots is not always easy. The most frequent pathognomic feature, however, is a sense of continued uneasiness about the parts, not generally amounting to pain, but serving as a constant reminder of the existence of the tooth. The tooth itself may, or may not be carious. Pressure, or the stroke of an instrument does not, in ordinary cases, either increase or diminish the soreness. The sense of fullness about the parts is particularly observed where the absorption of the alveolar is not proportionably active with the exostosis. In these latter cases a different set of features are provoked.

The pressure is sometimes such as to yield the extremest symptoms of tic douloureux, and patients have been treated weeks for such nervous conditions, where the cause was in this direction. Dr. Harris says the diagnosis (in a case which he describes) was gotten by striking the tooth in a certain direction, a sharp pain shot through the jaw, exactly resembling the former attacks.

One of the most remarkable cases of dental exostosis on record is related by Mr. Fox. The subject was a young lady, who, at the time she sought the professional advice and aid of Mr. Fox, had suffered so severely, and so long, that the palpebræ of one eye had been closed for nearly two months, and the secretion of saliva had for sometime been so copious that it flowed from her mouth whenever it was opened. She had tried every remedy which had been recommended by the ablest professional advisers, without realizing any permanent benefit, and she was only relieved from her suffering by the extraction of every one of her teeth.

Mr. S., of Baltimore, having suffered sometime from extreme pain in the left superior bicuspis, applied to a dentist in 1843 for the purpose of having this tooth removed. In the operation the root was fractured about three sixteenths of an inch from its extremity, and the upper part left in the socket, and in consequence of which, he did not realize the relief he had hoped to derive from the operation. The pain continued, and at the expiration of twelve months the gum over the upper part of the alveolus become very much swollen, puffing out the lip to the size of half a hen's egg. The tumor after a few days was opened, and a large quantity of dark colored, purulent, and very fetid matter was discharged, which, for a short time afforded him very considerable relief. The tumor, however, soon reappeared, and was removed some four or five times, by opening it, and discharging the matter in about that number of months.

In the fall of 1845 he called on Dr. Harris, the eminent dental author, for the purpose of obtaining his advice. The gum was swollen, and the lip and cheek protruded as above described. The tumor was again opened, and about three tablespoonfuls of black matter, resembling tar, escaped. Upon further examination the outer wall of the antrum, immediately over the alveolus of the bicuspis which had been fractured, was found destroyed, leaving an opening large enough to admit the end of the forefinger. Believing that the end of the root, which had been left in the socket was the cause of the disturbance, Dr. Harris urged its immediate removal, and to accomplish this, it became necessary to cut away the outer wall of the alveolus. The root of the tooth, on its removal, was found to be enlarged to the size of a large pea. The secretion of purulent matter soon ceased, and in a few weeks the patient was completely restored.

The following case is from Mr. Bell.—

Mr. —— had for some months suffered severe and frequent paroxysms of pain on the left side of the face, apparently commencing in the second inferior bicuspis, and darting through the lower jaw to the ear, and upward to the temple.* The pain resembled tic doloreux in the nature of its attacks, but was evidently produced by a local rather than a constitutional cause, from the paroxysms occurring without the least periodical regularity, and from their being excited by the application of heat to the teeth of that part. On the most careful examination, says Mr. Bell, I could not discover the least appearance of caries in any of the teeth, and I therefore ordered leeches to be applied to the gum, and aperient medicines, and abstinence from all stimulating food. This plan was productive of only temporary and partial relief, and in about two days the pain was as severe as ever. Finding that a smart blow on the second bicuspis produced a more painful sensation than on any of the teeth, I determined on extracting it, and found the extremity enlarged by a deposition of bone, giving to it a slightly bulbous shape, but not larger than the tip of a small quill. The removal of the tooth was followed by immediate and entire relief.

Mr. Bell adds, that the newly-formed bone was yellow and more transparent than the original structure.

Many interesting specimens of exostosed teeth roots may be seen in the Museum of the Philadelphia College of Dentistry.—*To be continued.*

* Neuralgic pains in the fifth pair are felt over the forehead, in the lachryma gland, in the eye, the nostril, at the ear, on the neck, in the maxillary bones, about the tip of the tongue, &c.—This is explainable anatomically. The nerve rises from the pons varoli, centres at a great ganglia by the ear, then divides into three principal branches. The opthalmic, which passes through the foramen lacerum, and is distributed to the forehead, and by sub-division to the neighboring parts. The superior maxillary branch passing from the cavity of the skull through the foramen rotundum, distributed to the parts which names it. The inferior maxillary, emerging through the oval foramen, sub-dividing into the lingual branch, which goes to the tongue, and into a motor, which supplies the muscles of mastication. The inferior maxillary nerve supplies the lower jaw and teeth. Neuralgic trismus is explainable by the compound nature of the nerve.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.
Of New York.

(*Continued from page* 311.)

Steam, the brother of water, lived in the bowels of the earth for centuries ere man discovered its utility and mastered its power. So great an agent; so hidden a virtue; so unaccountable a force required the lapse of nineteen hundred years before the extent of its conduciveness in relieving labor was fully appreciated.

What a vast field of discovery and experiment exist between the simple Eolipyle of Hero,* over a century before the Christian era, and the latest inventions of Watt, Fulton, and Stevenson!

Savory first successfully substituted steam for the labor of animals. Newcomen first applied it to a more solid body. Watt made the first steam engine. Fulton applied it first to propelling vessels in water. Evans and Trevithick first adapted it for locomotive on land."†

What mighty intellects; what determined perseverance; what sacrifice of time; what loss of life; what waste of powerful energies; what superhuman efforts did steam exact as equivalents for submitting to be confined within the narrow limits of a business life. From its birth accustomed to mount up to the purest æther and dwell amid the regions of a softer clime; it could not yield to sordid views and work for what would never reach to heaven. The cause of its subjection found only in the gloomy abodes of earthy dwellings—gold—was not sufficient recompense for the gentle, cloud-like form of its mist-like beauty, free as air and pure as nature's own adopted child. And even now, unlike wild animals that can be conquered and completely broken in, never more resisting, steam seeks every opportunity to escape; and, while working with an hundred horse power, strives to burst her bonds, reach a purer atmosphere and leave all sublunary objects to a feebler power. The discovery of hidden wealth has brought renown upon the finder and benefitted much the country that possessed the mine; the successful wars of mighty leaders have proclaimed their names as great—time-honored heroes that they are; the appearance of a new continent in 1492 A. D., rendered immortal the name of Christopher Columbus; but the discovery and application of steam—the soul of water—has heaped blessings on mankind, and taught us to revere the element water in all its threefold beauty and importance.

In *Therapeutics* water must of necessity stand more or less preëminent. In the first place no remedy, be it ever so mild, can be swallowed without the use of a liquid to assist the muscles of deglutition in contracting on the fluid and thus forcing it down. Where a solid substance is administered, the act of swallowing cannot be performed without the aid of the salivary glands, with their apportioned duties, of no small importance to the patient or the man of healthy parts.

In viewing the phenomena of disease in all its different forms, and diagnosticated in every type, be it malignant or of a simple character, we find that the treatment which the medical man is enabled to prescribe is to be found principally in the Pharmacopiæ, and on reading closely the list of remedies, and comparing the different methods adopted by the learned of various countries, one cannot help being struck with this all-important fact, namely: The desire of "washing away the disease" in one way or another, as the case may demand, or the symptoms indicate. Thus we have diuretics to force the kidneys to secrete more rapidly the urine, and carry off much of the noxious materials of the blood, whether it be the urea, or the dead plasma, which, being used in the destruction of blood discs, occasioned by musculary exertion, is now to be eliminated by the malpighian tufts. And here we find that on analyzing urine, out of one thousand parts eight hundred are water and the remaining one-fifth is made of urea, uric acid, sulphates, phosphates, and chlorides, in solution.

But should the kidneys be affected by disease? Should acute nephritis set in, or the sufferer be afflicted with Bright's disease in any form, and the practitioner be consulted for his medical advice; as we know there exists a marked sympathy between the urinary organs and the lungs, and more particularly between them and the skin, its action in summer taking, to a great degree, the labor from the kidneys, and persons, consequently, micturating less frequently in the hot months than in winter, when the little capillaries are closely contracted by cold, the remedy at once recommended, sug-

* Historical and Descriptive Anecdotes of Steam Engines, &c., by Robert Stuart, London, 1829.

† Renwick on the Steam Engine.

gesting the proper means for allowing the kidneys to rest in order to recover their normal power, is a diaphoretic. By this means, and in any congested state they tend, in inflammatory diseases to allay irritation, produce a sudorific effect, and literally sweat off the disease thereby, in connection with the proper anti-phlogistic measures of relieving the patient from the great congestion necessary to inflammation, as in pneumonitis, bronchitis, pleuritis and other diseases of the thoracic organs.

Where there is active congestion, in the first stages of inflammation, resulting from external violence, the application of cold water dressings causes the capillaries to contract powerfully, forces back the rush of blood to the injured part and the sufferer recovers rapidly. But where these little tubules have been stretched until their contractile power is lost, and become, as it were, asthenic, then bathing the wound or bruise with warm water, allays pain by its more soothing influence and opens the pores of the adjacent part, promoting exudation where the blood vessels were in a state of passive congestion. Schmucker (1712–1786) based much of his treatment of wounds of the head upon the judicious application of cold water. Likewise Lombard, (1741–1811,) together with Percy, (1754–1825,) derived a great deal of useful information from a miller, in the Elsass, 1785, who assisted the surgeons in dressing the wounds of the soldiers, in Strassburg, with a solution of alum and water, which circumstances led Percy subsequently to assert that if Sydenham "would not be a physician without opium, he should not like to be a surgeon without water."

Cold water dressings in surgery are esteemed of great practical utility; and, in many cases, become indispensable to the surgeon while in attendance upon the suffering. Though Hippocrates and Celsus were most energetic in behalf of the use of cold water, the sentiment appears to have escaped notice and practical use till Ambrosius Paré, (1509–1590,) discovered anew its tonic properties, while searching for the Italian balsamic oil, which, at one time, wrought such marvellous cures in the healing of wounds and sluggish sores. Soon after this Jaubert and Martel (1600) maintained its wonderful power in alleviating pain. In France, Chirac and Lamorier (1730) proclaimed its virtues; and, in Italy, Sancassani, (1659–1737,) Benevoli, (1685–1756,) and Caldini, (1724–1813,) announced their belief in the stimulating and medicinal properties of certain qualities and quantities of water.

Freezing an extremity with ice and salt, at once deadens sensation by benumbing the nerves, rendered by irritation and consequent tendency of blood to the part, which distends the vessels, and thereby presses upon their thin, attenuated fibres, much more susceptible to pain; and the removal of a splinter from beneath the nail may be effected without the knowledge of the patient. Water-beds, in cases of fracture, or where paralysis has destroyed the power of motion, render the sufferer more comfortable at the time, and prevent, to a great degree, those most incurable of all troubles affecting the sick and enfeebled, namely, bed-sores, which, in too many cases, proclaim the rapid decline of the patient toward the grave. As slight as it may appear, and as common to the person of cleanly habits, frequent ablutions of the body remove the susceptibility to disease, and promote a greater amount of superficial circulation, which renders the man of health better able to cast off any offensive gas that may either have been generated in the system or received by inspiration into the lungs.

In Dr. Leigh's History of Lancashire, mention is made of some chalybeate waters, which he asserts to have found more efficacious in the treatment of "leprous distempers, scorbutic atrophy, the rickets, and scorbutic rheumatism," than any known medicine in his day. And Dr. Floyer remarks, in his "Fourth Letter," &c., "If cold baths are proper for the scurvy and consumption, then they are useful in the several species and complications of them with other diseases."

Were persons to preserve a scrupulous cleanliness of habit, and follow more faithfully than is their wont, the simple laws of common-sense hygiene, doctors' fees would be materially lessened, and that inability on the part of the sufferer to throw off the disease would no longer be an additional cause of prostration, which not unfrequently terminates in typhus.

When it is remembered that twenty-eight miles, and upward, of pores carry off much of the impurities of the blood to the surface of the body, where, if not properly removed by a free use of water, they must remain deposited, and close up their little outlets, it may readily be seen how indispensable it is for man to remove, by frequent cleansing, all that may serve to arrest the progress of this effort of nature to free itself of any morbific tendencies.

We are indebted to Lavoisier and Seguin for some valuable data relating to the quantity of vapor excreted from the surface of the body and exhaled from the lungs. After many careful and elaborate experiments, Seguin especially ascertained that the maximum amount of pulmonary and cutaneous exhalation, in twenty-four hours, amounted to five pounds; the minimum, owing to one or more special causes, one pound, eleven ounces, and four drachms, (xlii. 1790.) Valentin, by exact measurement, discovered that a person, in a normal state of health, who consumed each day forty thousand grains of food and drink, exhaled from his skin and lungs some three and a half pounds. By making due allowance for the weight of the carbonic acid, and deducting all that may come from the respiration, two and a half pounds are found to be the diurnal exhalation of the skin. Much of this transudes, if we adopt Krause's "estimate of about eight square inches for the total evaporating surface of the sudoriforous glands." Hence we cannot fail to see the urgent necessity of removing, as soon as may be, the accumulation of any foreign material that, by its presence, prevents a free transpiration, etc., in future.

Most of the diseases the physician is called upon to treat, in a slightly modified form, begin with inflammation in the first stage of congestion and the consequent symptoms that ensue. As the disease advances, either lymph or serum is cast out through the distended vessels; and, lastly, absorption or some temporary effort of the organ, affected, to free itself from the foreign matter, ends the case.

As for example, let the pleura be taken as a type of inflammatory action. The first cause of pain is that occasioned by the dryness of the two surfaces in the congested state. The friction sound that the auscultator hears so distinctly, is caused by the movement of the sides of the pleura at each inspiration and expiration. And now, in pleuritis, the normal amount of fluid (composed chiefly of water!) that so beautifully lubricates the surfaces, has disappeared, and this unusual attrition of parts brings about that peculiar shooting sensation in respiration which is so distressing to the patient and at once demands speedy relief. In the second stage, the serum of the blood is effused into the sack formed by the two membranes, and thus compressing the lung of the affected side throws double duty upon the healthy lung, and not unfrequently brings on, by this additional labor, emphyzema—at times producing death by apnœa, or by displacing the heart, and, consequently, accelerating the pulse, syncope terminates the life of the already-exhausted patient. The serum contains, as its principal ingredient, water, and, if not removed by absorption, increased by the judicious administerings of antimony, Dover's powder, nitrate of potash, acetate of potash, or any of the diuretics or diaphoretics, this serum, with more or less lymph, which may have exuded through the little capillaries, will degenerate into pus; and empyœmia may call for paracentesis thoracis to lessen the complication and save life, which is rapidly declining under hectic symptoms of an aggravated character. It is curious to the thoughtful that this disease, rendered dangerous by the excess of fluid effused into the pleural sack, is also caused, in a great measure, by the prompt use of such remedies as shall promote a free diaphoresis and continued secretion of the kidneys, and likewise by the moderate use of *hydra-gogue* cathartics.

Thus also with the brain, encephalitis presents an unfavorable prognosis from the fear of effusion, which may terminate in hydrocephalus, and, by the constant pressure upon the brain, produce death in a more or less speedy manner.

Diseases of the heart, apart from auscultation, are recognized by the appearance of anasarca; and so invariably are the two associated that an able practitioner of this city said, that "tight boots at night" may be considered as one of the certain proofs of cardiac trouble. And not unfrequently is the patient "drowned in his own fluids" ere the valves of the heart have ceased to perform their functions, disordered by atheromatous deposits or hypertrophy, occasioning dilatation and consequent regurgitation. Chronic disease of the kidneys may be diagnosed, together with other symptoms, by the presence of dropsy, œdema of the inferior papebral sinus, being an additional proof of the existence of renal disorder.

And when that largest of all organs in man, so much abused by him in his excesses of enjoyment and epicurian mode of living, is diseased, one of the strongest signs of cirrhosis, after palpation has revealed the decrease of size, and nobby feel of its surface, is ascites, resulting from the chronic congestion of the liver; consequent engorgement of the portal vein, and likewise tension of the mesenteric veins. The capillaries cannot resist the increased amount of pressure from within, and serum is effused—

the liquor sanguinis being the watery composition in blood.

Curious moral is it indeed, when man seeks to live beyond his capacity and overtaxes what has been provided for moderate enjoyment, neglecting the much revered precept, "Μηδεν 'Αγαν" of Aristotle, to gratify a pampered and depraved appetite; when he passes hours at the sumptuous repast, and partakes too freely of alcoholic stimulants, till the brain reels from the excess of carbon in the blood; his last desire before consciousness vanishes, is to satisfy a parching thirst; and now he pushes aside the rich o'erflowing goblet, crimson, a proper type of another victim slain for Bacchus, and seeks the cool, unequaled water, to refresh his burning throat and inflamed imagination. This is but the result of intemperance so well described below:

* "Of all the evils darkening here below
Thy hand, intemperance, works the direst woe!
Could all the gathered tears attest thy might,
Oh what a sea would welter on the sight!
Could all the moans be heard from thy career,
What a wild sound would peal upon the ear!
Could all thy victims march in dread array,
Across the world would stretch their blackening way.
Thine, the poor drunkard, reveling in his shame;
Thine, the young bride that bears his blighted name."

Such are the poet's sentiments! He lives a drunkard and dies of dropsy. The result a hob-nailed liver. In metaphor, each nail resulting from a separate debauch, and significantly typical of his driving with each successive drink a nail into his future coffin lid.

In apoplexy, where the effusion of blood into the encephalon renders the life of the patient of doubtful issue, the application of bags or bladders of ice to the head, lessens the dull, heavy pressure, and serves to drive out the blood through the smaller vessels from the centre of thought. Acute gastritis is oftener allayed by swallowing small pieces of ice, than by administering the multifarious decoctions and much abused opiates, which only deaden consciousness and relax the system, but cannot reach the inflamed stomach as readily. This, the latest treatment, applied to cases of a similar character, dates as far back as the time of Themison, a disciple of Asclepiades (50 a. chr.) who was accustomed to reduce all treatment to the principle of contraction and relaxation, and whose follower and admirer, Eudemus, strongly advised cold clysters as a remedy for the alleviation of gastralgia.

* Alfred B. Street.

Celsus (23 p. chr.) advocates the use of water as a bath, affusion, or even in the capacity of a beverage, for almost every disease of the alimentary canal, and, what is most curious, even when the patient is afflicted with that most agonizing of diseases, hydrophobia.

The strong prejudice against the use of cold drinks, and especially that of cold water in fevers, or when the usual dose of mercury has been given, is greatly removed by the more enlightened and a wider experience in philosophical investigations and practical truths, deduced from facts of a most interesting character.

It is found pleasing to the taste, cooling in its effects, and productive of a freer diaphoresis. And the moderate sponging of the body after a long and protracted illness, with warm water and soap, promotes a more healthful and certain circulation, which takes off, as it were, an oppressive load from the system. This was urged by Rhazes, (923), whose boldness of conception was only equaled by his originality of thought. In phthisical persons, where tubercles have filled up portions of the lungs, and percussion reveals a marked dullness near the apices, a free use of the sponge bath greatly assists the breathing, which has for its immediate object the æration of the blood; and if any of the onus can be removed by the skin, acting in connection with the pulmonary apparatus, much benefit is derived, and life is positively prolonged.

Even the Emperor Augustus, following the advice of the learned Antonius Musa, abandoned the enfeebling "fur-lined apartments," which he had occupied from a fear of approaching phthisis, and, by a judicious use of water, braced his system, and recovered tone. To this same Musa was the susceptible Horace indebted for much refreshment after many a night's "three times three," by the stimulating influence of a cool bath. I would not have it thought that I entertain any of the views of those over-enthusiastic so called "hydropathists." Such is not the case. It is only my object to trace out the uses, history, and interesting details connected with the characteristics of water, that lead me to enter into the opinions of the past and present practitioners, as regards the purity and indispensible qualities of all that may pertain to it.

Among the many diseases to which man is heir may be enumerated hydrocele, hydatids, hydro-thorax, hydro-cephalus, hydro-pneumothorax, and many others that terminate in

dropsical effusion. Hydrophobia is one of a special character, no affliction surpassing in its evil consequences and present agony, this dreadful, spasmodic horror of water, whose very presence throws the strongest man into immediate convulsions; and which has for centuries baffled the closest investigations of the learned, and overcome the most powerful constitutions of the healthy and energetic. Ovarian dropsy is a disease not unfrequently met with in practice; and though absorption may carry off some of this extra, watery fluid; and other remedies temporarily free the sufferer; water still accumulates, and at length assumes an unchecked sway. Gradually it pervades the entire system, crawls up the intestinal canal, disturbs the respiration, deranges the stomach, and death follows as victor.

How exquisite is the provision of nature! How indicative of a Higher Power is the "Bag of Waters," in which the infant yet unborn is carried, protected from the sudden blow of accident or outward violence. How utterly indispensable for fœtal life; how impossible for parent or child otherwise to go on till the proper time of parturition.

As a proof of the importance of preserving the waters as long as may be, during the first stage of labor I quote the following:

"Si la texture des membranes est lâche, leur rupture dès le commencement du travail. Chez quelques femmes, les eaux s'écoulent avant quélles aient été averties par des douleurs, des effort contractiles de la matrice. Dans quelques cas, on a vu le travail tarder huit à neuf jours à se déclarer." *

When that all important period has arrived, and nature calls for a commencement on the part of some one, how responsive to this appeal and how gentle is the persuasive, wedge-like pressure brought to bear upon the os, dilating the cervix by its gravity, and at the same time irritating the nerves distributed to that part; thereby summoning the uterus to contract with all powerful efforts and give forth what had lain concealed for nine long months of gradual, placental life. All who have attempted version in mal-presentation, or when the exhaustion of the parturient female calls for immediate delivery, can testify to the incalculable benefit and incomparable assistance to be derived from the "Bag of Waters." By this means, with great rapidity and moderate facility, the child may be turned, the uterus being kept back for the time by the distended sack filled with the miconium. But how impossible and vain are the attempts of the ablest accoucheur, who, attended by no unnatural obstruction, endeavors to manipulate, when the arm becomes paralysed by the almost incredibly powerful contractions of the womb; so that at times it becomes the duty of the assistant to deliver first the doctor, and then the fœtus. The empyric cannot fully appreciate the wonderful assistance of this bag, but the man of experience preserves it till the last moment, and well might the child born with a "caul" be esteemed most fortunate.

*Dictionaire des sciences médicales.

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting of June 25, 1861.

Daniel Ayres, M.D., President.

INJURY OF THE FRONTAL BONE, FOLLOWED BY EPILEPTIFORM SYMPTOMS — TREPHINING — COMPLETE RECOVERY—REMARKS AND DEDUCTIONS.

Dr. Daniel Ayres exhibited to the Society a little boy, nine years of age, and stated that he desired to complete and make some comments upon the history of an interesting case, which would be recognized by those gentlemen who had attended the service of the Brooklyn Medical and Surgical Institute.

In the early part of August last, this lad received a blow from a stone which inflicted a lacerated wound over the right frontal eminence. His immediate symptoms were those of concussion, followed by vomiting and headache, from which he soon recovered, whilst the wound, after suppurating, healed by granulation, leaving a marked cicatrix, elevated by the permanent thickening and induration of subjacent tissues. In the month of October following, and shortly after the wound had closed, the attention of his family was attracted by the marked change which had taken place in the boy's disposition and character.

Hitherto he had been peculiarly mild, gentle, and tractable, but gradually became irritable, peevish, morose, and occasionally showed great violence of temper upon the slightest provocation, and a disposition to cry frequently. These paroxysms of excitement were soon accompanied by vertigo and headache, with increased disturbance of his general health. Whilst standing, at such time, he would reel and stagger, occasionally loosing all consciousness, and falling down, his countenance becoming very palid, but no spasm or frothing at the mouth were noticed. During the intervals, his demeanor and aspect were mopish and sluggish; his appetite capricious, and bowels persistingly torpid; his gait

was unsteady, with a tendency to trip and drag, rather than raise, the left inferior extremity.

The boy had been very properly removed from school, and submitted to judicious and appropriate medical treatment by his attending physician, Dr. Cullen; but no control was apparently gained over the symptoms, which became steadily more aggravated up to the ensuing February, when he was admitted to the Institute.

A careful inquiry into his condition and history at that time, seemed to justify the suspicion that the original injury inflicted upon the skull, if not accompanied with fracture of the internal table, had, at least, given rise to serious consecutive changes within, and this suspicion was strengthened by the permanent and decided elevation over the seat of injury. Although unable to define the precise character of this lesion, all were of the opinion that the increasing severity of the symptoms justified an attempt to relieve them by what appeared to be the only rational procedure, viz., the application of the trephine. Perhaps we were more than usually urged to this conclusion by the unfortunate termination of a case of recent occurrence in this city, almost identical in its causes and manifestations, in which the post-mortem examination (kindly furnished by Dr. John Cooper, who witnessed it,) revealed a depressed stellated fracture of the internal table, which had gradually superinduced disease of the membranes, and fatal pressure on the brain.

An operation was accordingly performed on the 9th of February last, by dissecting up a quadrangular flap of integuments, including the cicatrix in its centre. The conical trephine (recently brought again to the notice of the profession by Dr. Galt,) was applied, and most satisfactorily fulfilled all the advantages claimed for it. For, notwithstanding the youth of the subject, and the unequal thickness of the button of bone, (from one-sixteenth to one-eighth of an inch thick,) it was quickly removed, in the crown of the trephine, without injury to the dura-mater from the teeth of the instrument. Whatever, therefore, may be urged on the score of originality, Dr. Ayres was confident that no surgeon could employ this valuable contrivance without duly appreciating the sagacity of Dr. Galt.

After the operation the flap was secured by a suture at each of its inferior angles, thus forming a valvular cover over the opening in the skull, at once excluding external agents, giving vent to exudations, and favoring rapid union. Cold water dressing alone was applied, and the case progressed satisfactorily until the third day, when a violent convulsion attacked the left side of the body, accompanied with smart fever, headache, vomiting, and delirium. Mild purgation, with steady cold to the head, mitigated these symptoms; but the convulsion was repeated on the next day, and then extended to the whole muscular system. Croton oil with sub. mur. hyd., were now administered, until copious alvine results were obtained, and all untoward symptoms speedily disappeared. It was discovered, on inquiry, that he had been allowed full diet through mistake of the nurse, and this important point was sedulously watched and restricted during the subsequent treatment.

At the end of the third week the wound was entirely closed, and no recurrence of the epileptic symptoms has taken place up to the present time, whilst the patient has entirely regained his former gentle disposition, and, with a good appetite, has wonderfully improved in flesh, strength, and general appearance.

Dr. Ayres remarked, that whilst we had before us an undoubted case of recovery from a disease, too often beyond control, following an operation justly considered too serious and uncertain in its results to merit trial, except as a dernier resort, it had stimulated reflection, and given rise to certain conclusions, which, to his mind, constituted the chief features of interest about the case. To recur to the condition of the button of bone removed, it had been found, in all respects, perfectly normal. The parts beneath were equally without indications of previous injury, or existing disease. How, then, are we to reconcile this total absence of the suspected, or indeed of *any* cause, adequate to the production of such morbid phenomena, with the entire success of an operation which revealed nothing, and which, failing in its proposed object, was apparently useless, if not inapplicable?

This result might be classed in the chapter of accidents, if we had not already too many cases, sufficiently parallel, to justify us in seeking for a rational sequence between the operation and the cause of disease.

Again, the removal of pressure from the brain, by favoring its power of expansion, or, perhaps, allowing some modification of its circulation, has been adduced to account for this dissipation of the epileptic symptoms; but it should not be forgotten that these advantages are seriously curtailed by the tense and unyielding dura-mater when left uninjured. Besides, it will be recollected, that this patient suffered his worst epileptic seizures after the bone had been removed. No rational explanation of this paradox occurred to my mind until recently, and I am indebted for it to the experiments of Brown-Sequard. The importance placed by that distinguished physiologist upon what is known as "the epileptic aura," and the paramount necessity of patiently and repeatedly searching until the spot is found whence it starts, or seems to take its origin, seemed very applicable to this case; and, from its traumatic origin, very easy, when we came to direct the attention of the patient upon his feelings, for he distinctly recollected that he always felt pain and unpleasant sensations in the vicinity of the cicatrix just preceding the vertigo.

Then, again, Brown Sequard has obtained remarkable results from cauterizing this sensitive spot, whereby we may infer, that the morbidly sensitive nervous filaments are either destroyed, and cut off from their cerebro-spinal connections, or, at least, so modified in their function, that the chain of morbid phenomena is temporarily, and occasionally, permanently broken.

Is it not, therefore, probable that, to the free dissection of the flap, including the periosteum and cicatrix, we are indebted for the REAL cause of relief in *this* and similar cases? Is not this probability augmented, when we find paroxysms supervening, more severe than on any previous occasion, just at that time when the wound was swollen and about to suppurate; when, in fact, local irritation

was at its maximum, and the irritation of undigested food in the alimentary canal was superadded?

We think the sequence is complete, and the deduction logical, that, in all such cases, before hazarding the serious operation of trephining, the superficial tissues which have been the subject of injury should be freely separated from the parts beneath and around, by subcutaneous division. This plan failing, a portion, sufficient to include all the injured nerves, should be freely dissected out, and its place supplied by sliding together the contiguous tissues, or by a patch transposed from neighboring parts.

Dr. Lewis A. Sayre stated that nearly a year had elapsed since he performed a similar operation upon an adult, on account of epilepsy following a blow received many years previously on the occipital region, and immediately over the longitudinal sinus. The case had resisted all medical treatment, and he was a confirmed epileptic up to the time of operation. Although the disease had not since returned, yet he had been very much disappointed at the time, and had ever since been at a loss to account for the relief thus obtained, inasmuch as the portion of skull removed by the trephine was found absolutely free from exostosis or any other morbid change. He considered the explanations offered by Dr. Ayres as highly probable, and calculated to render our treatment of these cases equally successful, without danger to the patient.

Dr. Andrew Otterson remarked that the relation of these cases brought to his recollection the case of a sailor who suffered from epilepsy following an injury, upon whom Dr. Buck operated several years ago. When the bone was removed no disease was found, yet the patient recovered, and he learned, on inquiry a long time afterwards, that no return of the epileptic attacks had taken place.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of Medical Journalism.

By O. C. Gibbs, M.D.,
Of Frewsburg, N. Y.

ERYSIPELAS FOLLOWING VACCINATION.

In the *American Medical Times* for June 22d, Dr. J. Lewis Smith has an article upon *Infantile Erysipelas*, in which allusion is made to a form of erysipelas following vaccination. Referring to several cases, the following remarks are made:

"In another instance, a well-known physician of this city vaccinated three children—one his own, with the same virus, being careful to have the lancet clean. On the seventh day after vaccination, these children were all taken with erysipelas, his own dying. Another physician informed me that he, not long since, vaccinated with the scab two children in the same family, with all the precautions that he had ever used, and both were soon after taken with severe and pretty extensive attacks of erysipelas, extending from the point of vaccination, *the vaccine disease not appearing*. Such cases render it probable that the vaccine virus may sometimes contain a latent deleterious property which may give rise to erysipelas."

We have alluded to this subject for the purpose of making a few practical remarks upon a subject of vital importance. Less than two years ago, the citizens of Westford, Mass., were excited upon the subject of small-pox, and, instead of consulting the physician of their vicinity, they raised a subscription and sent to a virus pedlar, in Boston, for vaccine matter. All the persons vaccinated with the virus suffered terribly with phlegmonous erysipelas, and quite a number died! About the same time, in San Francisco, a gentleman consulted a physician, requesting him to vaccinate his two children. Unwisely particular, he would not let the physician use matter of his own selection, but insisted on his using that which he had provided. The children were vaccinated, unhealthy sores, three inches in diameter, formed, and for thirty days the patients vacillated between life and death, but finally recovered. Most of all, in none of these cases was protection secured against small-pox, for, in all probability, the vaccine disease did not occur at all. The cause of these unfortunate results is readily explainable, and might very easily have been avoided. The *first scab* of a vaccine sore is alone good, reliable or safe. If this is rubbed or scratched off, at about the period of its maturity, no other *specific* one will form. It is true, the sore may inflame; pus, healthy or unhealthy, may ooze out, dry down, and form a scab. But, instead of being vaccine virus, it is dried pus, and, if unhealthy, it may develop all the terrible consequences of a poisonous dissection wound. Hence the importance of all vaccinations being performed by a physician, from matter saved by himself or by his special directions. Every pains should be taken to procure positively *specific lymph*, and not dried, unhealthy pus, for purposes of vaccination.

CHLORATE OF POTASH IN SMALL-POX.

In the *American Medical Times* for June 22d, Dr. J. T. Read, of Ohio, has an article upon the above-mentioned remedy in variola. In the suppurative stage of small-pox, dyspnœa is a very common and troublesome symptom. Dr. Read says that, under the action of the chlorate of potash, this symptom is greatly, and often entirely, relieved. He says:—"The result of the previous cases induced me to adopt the remedy in all the subsequent ones—sixteen. In the latter number, there were some as well-developed cases of the confluent form as in the former. They appeared equally severe, and one, perhaps, even severer than any

of the former ones. Yet in no instance did they suffer or complain of symptoms of suffocation. What to attribute it to other than the remedy—chlorate of potash freely used—I know not." Of the sixteen cases, none died.

Less than half a century ago, the chlorate of potash found many warm admirers. It was used in a great variety of diseases, and consumption was among the number. It fell into neglect, and its use was mostly confined to cases of stomatitis and mercurial ptyalism. Lately it has found favor and advocates in a great variety of diseases. It is too much to expect that it will hold its present ground, and accomplish all its friends claim for it. It is probable, however, that it will never fall again into entire neglect, but will find its proper place and importance in the *materia medica*, and that place and importance steadily held and maintained.

PUS CORPUSCLES IN THE AIR.

The *Boston Medical and Surgical Journal* for June 20th, contains a paper by Dr. Throph, translated from the German, upon the subject of pus corpuscles in the air. The doctor attended several cases of acute conjunctival blennorrhœa, and, fully aware of its contagious nature under certain circumstances, he took every precaution to prevent the contact of pus with his own eyes, and also gave cautions to the sisters of charity, who acted as nurses. All suffered more or less, though no contact with pus had been had, save through the medium of the atmosphere. An attempt was now made to prove that the air was really the medium for the transmission of pus. The experiment consisted in "driving a certain quantity of air across a glass plate moistened with glycerine, upon which the particles of dust and microscopic forms remain fixed," and thus were readily examined by the microscope. The apartment was thoroughly ventilated, and then the air examined, "*pus corpuscles were detected in the atmosphere by the very first transmission through the apparatus.*"

We consider this an important discovery, and destined to have an influence in the study of epidemic and endemic diseases. Cannot the real source of autumnal or malarial fevers be thus discovered?

Bearing upon the above, we may observe that M. Honzian, of Paris, has sent in a paper to the Academy of Sciences, in which the capacity of atmospheric air, as a vehicle of miasmatic influence, is discussed. He says:—"If pieces of litmus paper of the same size be exposed to the air on the same day and at the same hour, in a spot sheltered from rain as well as from the solar rays, it will be found that, in the country, these bits of paper will have lost their color entirely at the end of three or four days; whereas, in a town hard by they will have undergone little or no change. But, at the same time, it was observed that, though the discoloring or bleaching power of air is stronger in the open country than in a town, the power of converting the blue tint of litmus into red is much greater in a town than in the country. In general, the evidence of an acid condition of the air, as manifested by this change of color, may be obtained forty-eight hours after exposure." . . . "At Rouen, it was noticed that blue litmus is discolored much more completely at the top of the cathedral than at a distance of six yards from its base."

We abstract the above from the *London Lancet* for July. We think that the abnormal and varying conditions of the atmosphere, as causative of disease, require to be studied anew, and it is hopeful that the harvest in this new and difficult field may well repay the adventurous, scientific, and industrious laborer.

MONSEL'S SALT IN EPISTAXIS.

The editor of the *Pacific Medical Journal*, David Wooster, M.D., reports a case of alarming epistaxis promptly and permanently controlled by the application of Monsel's salt. The patient had been bleeding for *nineteen hours*, seemed perfectly exsanguined, with a pulse at 130. The nostrils were cleared from clots, and the salt applied in substance; the arrest of the hemorrhage was prompt and permanent. The application was repeated as a matter of safety. Dr. Worcester says: "We have yet to record the first instance of a failure to arrest this and after bleedings when this remedy is rightly applied, and is at the same time properly prepared."

MORBUS COXARIUS.

In the *American Medical Times* for June 29th, Dr. L. A. Sayre has a clinical lecture upon morbus coxarius and its treatment. In regard to its origin and cause, he makes the following remarks:

"I believe that many have attributed the source of this disease to a strumous origin, simply from the *appearance* of the patient, whose emaciated spanæmic condition is regarded as the *cause* when it is in reality the *result* of the disease. I have seen children of perfectly healthy constitutions, in whom the disease arose from an evident traumatic cause, so reduced, in the course of a few months, by the pain and sleeplessness attending the disease, as to present, in a very marked degree, appearances which strongly simulate the strumous cachexia." . . . . "What I wish to establish is this: that, although the disease, in different individuals, arises from very different causes, *yet it never arises in any individual from a purely idiopathic or constitutional cause.*"

Would Dr. Sayre say that constitutional

causes *never* give rise to local inflammation or to local disease of any kind?

Our readers are, doubtless, well aware that one of the most important indications of treatment in this disease, particularly in the first stages, is to counteract the natural contraction of the muscles, and thus take off pressure from the diseased surfaces, and to secure immobility of the joint, and thus prevent friction. This indication fulfilled, and pain, which is severe and protracted in this disease, is at once removed. For a few years past, this has been accomplished by the use of splints. He who attempts to treat a case of morbus coxarius, from the beginning, without the use of splints, certainly does not do his duty to his patient. There are now, at least, three splints before the profession for the accomplishment of the objects mentioned.

Dr. H. G. Davis, of New York, was, perhaps, the first to construct and apply a splint in this disease. Dr. L. A. Sayre, also of New York, devised a slightly different one. We believe it is claimed to be only a modification of Dr. Davis', and yet it is claimed to be a decided improvement.

Prof. E. Andrews, of Chicago, has also devised a splint for this disease, which differs from the two just mentioned in several particulars. Both of the others are applied to the outside of the thigh. If there be an opening, it is generally upon the external face of the limb, in a position to be chafed by the splint, and the latter and its padding to be soiled by the discharges. Anterior to suppuration or to an operation, this objection does not hold. Dr. Andrews' splint applies to the inside of the limb. In Sayre's and Davis' splints, the body is supported by a perineal band; in Dr. Andrews', the top of the splint is of crutch-form, presses against the perineum, and thus supports the body. In the latter, the bottom is firmly fastened to the sole of the shoe, and extension is very ingeniously made by a screw working in a tube. Dr. Andrews says, after careful examination, he prefers his splint. It certainly has the advantage in simplicity, and its cost (an important item) is only about one-third of that of the others; but, really, we do not see how he secures immobility of the hip joint. Will the professor tell us if he regards this as non-essential? If so, certainly a great convenience is gained in sitting down and getting up.

Dr. Sayre has just made a modification of his own splint, which, in some cases, he regards as a great improvement. He says of it, "The principle of extension and counter-extension embraced in it is identical with that of the original splint, with this improvement, that the extension is made from the knee instead of below it, leaving the motion of the knee-joint entirely free. This is accomplishing a desirable object, and I now employ this instrument in every instance where it can be used. There are cases, however, in which it cannot be used, as for instance in a very young child whose thigh is too short to afford sufficient surface for the attachment of adhesive plaster; nor can it be used in a case where fistulous openings are so numerous, and so situated as to present the same obstacle. In these cases the original long splint is employed." This last meets our ideas of the requirements of these cases better than either of the others. We confess, however, that a trial of each might change our opinion.

We wish to make a remark here: Dr. Andrews' splint and opinions in regard to it, have been nearly a year before the profession. Since that several essays have been published and lectures delivered by New York authors and teachers, and, as yet, no allusion has ever been made to it. If physicians of Eastern cities are to exclude the opinions of physicians of Western cities, what have the thousands of us who live in the country to hope for, who, perhaps, are laboring equally zealously in the service and for the advancement of our noble profession.

REMOVAL OF THE CARPAL AND METACARPAL BONES.

In the Boston *Medical and Surgical Journal* for June 27th, Prof. E. S. Cooper, of San Francisco, reports a case of successful removal of all the carpal, and parts of all the metacarpal bones, accompanied with remarks, from which we are disposed to make a quotation or two. He says, "Excepting among practititioners of San Francisco, it is rare that surgeons attempt the cure of a patient laboring under disease of the tarsal, carpal, metatarsal, or metacarpal bones, without either removing all the bones that are diseased or amputating the limb."

We copy the remarks entire. "The method of keeping the wound open, as pursued in this case, is in accordance with my universal custom in the after treatment of surgical wounds made in operating upon the bones. Though in this case there was no exfoliation of bone during the convalescence, this is a frequent occurrence, and for this reason no such wounds should be made to heal otherwise than by granulations; because, if we promote healing by first intention on the outside, and exfoliation should occur, it will be a source of great local, if not constitutional irritation, provided the exfoliated bone be confined within the limb. By keeping the wound open, however, and causing it to heal entirely by granulation, the detached bone, if any exists, will find an easy egress.

"The second consideration is that of keeping lint in the wound and a roller tightly around the limb, the granulating surface as well as the adjacent parts, thus becoming so consolidated as to prevent the accumulation of purulent matter in any of the neighboring parts, the condition most to be feared after these operations."

We should have observed that, in the case reported, the carpal bones were removed with the chisel, and portions of the metacarpal were removed with a heavy pair of bone forceps.

Prof. Cooper's method of treating wounds of the joints differs somewhat from that usually directed in the books. He fears not the effects of air even in the knee-joints, and in severe wounds, or after operations on that joint, he dresses open, with lint and bandage, and thus heals by granulation. A few weeks since we were called to a case of severe wound of the knee-joint. The wound was made with an axe, which just touched the patella on the inner side, and entered the joint freely, wounding both the *femur* and *tibia*. The wound was oblique—passing from within outward and downward. No physician was called at the time, it was carelessly dressed, and the patient was for a time about on crutches. We saw it ten days after the accident—the joint was much swollen, and the opposite surfaces of the cut were gaping, and at least two and a half inches asunder. The discharge of synovial fluid, or the secretions of the joint cavity, was quite profuse. We dressed with adhesive strip and roller, and the wound healed without untoward symptoms, by a slow process of granulations and cicatrization. The constitution suffered far less than we expected.

EMETICS.

In Dr. Ware's sixth lecture on General Therapeutics, to be found in the Boston *Medical and Surgical Journal*, for June 27th, we notice the following remark: "I am satisfied that, as a consequence of the growing reluctance among physicians to the administration of the more active remedies, emetics are less commonly prescribed than would be useful, and that they might be more frequently employed than is now customary, for the removal of many symptoms not positively dangerous, but which produce much discomfort, and sensibly protract recovery."

Dr. Ware, however, is no advocate of the indiscriminate use of emetics, and would not administer them without clear indications. It is probable that their use, especially in children, requires more caution than any other class of remedies. Certain are we that in the hands of irregulars, we have seen several deaths directly traceable to emetics, an observation we have never made in regard to any other class of medicines.

NITRATE OF POTASH IN THE CURE OF INTERMITTENT FEVER.

Dr. Amos Sawyer, of Hillsboro', Ills., gives his experience in the use of this article in the cure of intermittent fever, even where quinine had failed. His formulæ for its administration is as follows:

℞. Pottassæ nitrat., gr. x.
Spr. vini gallici-vel. aquæ, ℥ ss.
S.—M.—Take immediately.

And he adds: "In my opinion no preparation is equal to it; for it possesses antiperiodic properties completely, and may be administered, when the stomach would not tolerate quinine. I deem it a specific in ague; for I have never failed to arrest the paroxysm, if uncomplicated. You will also find that the patients are less liable to relapse than in those cases cured by quinine. In the cold stage, if administered in a full dose, and the patient be placed in bed and covered with blankets, he will in a few minutes experience considerable heat, which will be followed by copious perspiration, and every unpleasant feeling will vanish. It is seldom the patient will experience a second attack. Where it is more agreeable to the patient, the powder may be placed on the tongue and permitted slowly to dissolve.

"I shall not attempt to explain the action of this medicine on the system in the cure of ague, but will leave that to older heads than mine to determine; still, we do know that after it is taken into the stomach and becomes absorbed, it has the chemical effect of changing the dark-colored venous blood, to arterial, or at least it changes its color. It also acts on the kidneys as a stimulant producing diuresis, as well as diaphoresis; and in this manner may rid the system of the poison that causes the ague; provided that poison is produced 'by the retention of materials destined for excretion.' This medicine more closely resembles nature's mode of curing this same disease than any other; as she cures by copious diaphoresis as well as diuresis, or in other words by elimination."

AMENORRHŒA CONNECTED WITH AN UNDERSIZED UTERUS.

Dr. Simpson, in a "Lecture on Amenorrhœa; its Local Treatment," published in the *Medical Times and Gazette*, gives the history of a case and its treatment as follows:

"The patient was the sister of a doctor, and had been under the care of various medical men at different times, had from puberty suffered from amenorrhœa and its attendant evils, more especially from asthma, recurring every month, and lasting for several days, and interfering sadly with her health and happiness. She had never once menstruated regularly, the uterus being slightly undersized. She had taken quantities of medicine of every possible kind, had been repeatedly leeched, and had been subjected to many different local applications, sometimes with some little relief to her symptoms, but never with any result at all approaching to a cure. Believing that in such a case all

hope of radical relief was vain, except through measures directed towards the uterus itself, I persevered for a time in the application of nitrate of silver to the lining membrane of its cavity, in the manner I have described to you; and the operation was always attended with more complete and lasting relief than the patient had ever before experienced. This treatment was for several months persevered in; but, both she and I having become tired at last of imperfect and transient results, I had recourse to the introduction of a small metalic pessary into the uterine cavity. In the case of the lady of whom I now speak, the introduction of this instrument was followed by the speedy relief of all her more urgent symptoms, and particularly of her monthly fit of asthma, and after she had worn it for some weeks she was equally astonished and delighted to find, at the recurrence of her next period, a free menstrual discharge, instead of the dreaded apnœa with which she had been so long afflicted. She continued to wear it for ten or twelve months, until her health became so far restored that she was able to go to a ball,—a kind of amusement in which she had never before been qualified to indulge. When the discharge appeared to have become fairly established, the instrument was at last removed; and for some months the patient continued to menstruate regularly and to enjoy good general health. On the recurrence of cold weather, however, the uterus again failed to perform its function, and instead of having the proper menstrual discharge, she was attacked with one of her old fits of asthma. At her own suggestion and urgent solicitation I again introduced the galvanic pessary; and she wore it for about three years altogether, without ever experiencing from it any kind of inconvenience. The uterus during that time performed its functions painlessly and regularly; the secondary symptoms were all kept in abeyance; and it was only at length finally removed when the uterus was found to be equal to the performance of its functions without the presence of any irritant in its interior. The same good effects, which were here produced, I have seen resulting from the use of the intra-uterine bougie or pessary in various similar cases.

DEATH FROM HYDATIDS IN THE BRAIN.

An inquest was held at the Walsall Workhouse, on an inmate of the workhouse, twenty years of age, who was found dead in bed on Sunday morning last. On her admission she complained of a pain in her head, and was treated for it by the medical officer. On Saturday night she went to bed as usual, but just before eleven o'clock she complained of her head, and said she felt as if she should go mad. In a few minutes, however, she appeared to get composed, and to fall asleep. On the following morning, about six o'clock, she was found to be dead in bed, but was quite warm. Dr. Burton stated that on opening the head of deceased, he found the veins distended with dark-colored blood. There were no signs of recent inflammation, but in the ventricles a quantity of sanguineous matter was found, and the brain was softened in places. In the *tuber annulare*, where the brain and the spinal marrow join, were four hydatid sacs or *cysticerci cellulosa*. These conditions, he considered, were sufficient to account for the suddenness of the death of the deceased. He had ascertained from her brother that she had had convulsions a week or two before coming into the workhouse, and he had further ascertained that it was not uncommon for her to eat sausages. The hydatid sac, he had no doubt, was composed of the egg of the tape-worm, the worm having been, doubtless, taken into the body in the process of eating sausages not properly cooked, composed of measled pork. The eggs of the worm thus taken into the body found their way into the various organs, the liver, the head, eyes and brain, and the young worm again forced its way wheresoever it could gain most nourishment. In the present instance, the hydatid sac, pressing upon the brain at the particular point named, caused death. The jury returned a verdict of "Died of disease of the brain."

REVIEWS AND BOOK NOTICES.

A Practical Treatise on Military Surgery. By Frank Hastings Hamilton, M.D., late Surgeon New York State Artillery; Professor of Military Surgery, and Diseases and Accidents incident to Bones in the Bellevue Medical College; Surgeon to Bellevue Hospital, etc. New York: Bailliere Brothers, 1861, p. 232. Price.

The peaceful career of the republic for a long period has caused but little attention to be given to military matters. The policy of the nation has been one of peace, and an unparalelled course of prosperity has been its reward. Yet this material prosperity, under the influence of a liberal government, seemed not to be appreciated by a portion of our citizens. The great struggle and the sacrifices by which the independence of the country was first achieved, has been forgotten by a sectional portion of the community.

The continuance of this happy and prosperous state has been too much taken for granted. While happy at home, and free from entangling alliances abroad, we thought little that the demon of discord could be entertained by any portion of our citizens, and our security be menaced at home. In all this, we have been taught the lesson which other nations have been obliged in sorrow to learn, and can only look forward to a period still very distant, when "swords shall be beaten into ploughshares and

spears into pruning hooks, and nations shall not learn war any more."

While war was unexpected, and while unprepared for war, a short period has shown how great are our resources for rapidly raising men, money, and materials for its vigorous prosecution. Within two months, the largest army which ever gathered on the continent has been set in the field. In this short period, the State medical boards have been organized, and a great amount of medical paraphernalia essential to a campaign has been prepared.

The medical profession in this country have given little attention to military surgery. The medical records of the war of independence, and that of 1812, were few, and of little value. The war with Mexico was not of a very gigantic character, and it has not left much impress in a surgical way. The traumatic surgery, too, of some of the most modern implements of war, is practically unknown to us.

The production of this excellent work on military surgery, in anticipation of the present war, before the first battle had been fought, is one of the evidences of the national and loyal military spirit. The author is a thoroughly practical surgeon, and already distinguished as a writer. His work on fractures and dislocations is one of the classics of surgical literature, and the announcement of the authorship of this work is received with a pre-conception in its favor. It is no sensation book, brought out for an ephemeral flourish in these excited times, but one which was really needed, and which will serve as a basis for further literature of the kind that the present war will develop.

The introduction, showing the status of military surgeons and military surgery, is exceedingly interesting. The remarks on the examination of recruits are full and judicious. Such instruction should be disseminated among all the volunteer surgeons. The officers of regiments have already been frequently annoyed by the number of men who have been enlisted, and who now encumber the hospitals, or are seeking a discharge on account of physical incapacity. The general hygiene of troops, the greatest responsibility of the army surgeon, forms an important chapter. The accommodation of troops in barracks, tents, etc., is given due consideration. The hygiene of military hospitals, which have almost universally been pest-houses, and which have been by experienced military authority called the "graves of the army," is considered in an impressive chapter. The directions for necessary preparations for the field are given in detail. The hygienic management of troops on the march, and the means of conveyance of sick and wounded soldiers, are matters about which our volunteer surgeons will be inexperienced, and for humanity's sake, we advise them to give attention to the chapters on these subjects.

The chapter on gunshot wounds is full, but it is evidently a subject on which the author, like most other American surgeons, has not had much experience. He remarks oddly, that the missiles which produce gunshot wounds are "projected by the *elastic* power of gunpowder." The assertion that smooth round balls, especially when the speed of their progress has been considerably arrested, revolve constantly upon the axis is certainly an error. This revolution on the axis of projection is peculiar to the rifle ball, and really decreases as its force becomes nearly spent. The deflection of balls from a straight line after having entered the body, the author attributes to this rotary motion of the ball on its axis, whereas the very object and influence of the rotation is to prevent deviation from the line of flight. Projectiles from smooth bored barrels, which do not revolve, are much more liable to glance off than the rifle ball.

The Munchausen-like stories of balls making the circuit of the body and then escaping, are repeated. Among these is the case related by Hennen, in which "a ball struck the pomum adami and was found lying in the orifice of entrance, having gone completely around the neck." We would as readily believe that a man could be shot in the mouth, and that the ball after traversing the course of the alimentary canal escaped and rebounded again into the mouth. Some experiments of gunshot wounds on the cadaver, made a number of years ago, using for the purpose a large pistol, illustrated to us the frequent deviation of balls from the line of projection, but no instance, whether thrown with full force or nearly spent, was the deviation of the ball very great, and certainly never so great as to partially *return*, as it is sometimes said to, on its course.

The remarks on the treatment of wounds are judicious. On the subject of wounds of the bladder, a drainage of urine by the catheter is insisted on. The propriety of sometimes speedily accomplishing a very thorough drainage by perineal incision, is not alluded to. The observations of Larrey and others show that wounds of the bladder, even when its peritoneal covering is involved, are not always attended with an extravasation of urine. The tissues close around the wound in the coats of the organ so that extravasation may not take place, and if very free drainage be kept up, no subsequent extravasation will occur.

The rules on the subject of amputation are fully up with modern conservative practice, and the same may be said of the advice relative to the treatment of wounds of joints.

Dr. Hamilton advises the use of anæsthetics, preferring ether to chloroform, on account of its safety and its less liability, as he believes, to prevent union of wounds.

The chapters on hospital gangrene, dysentery, and scurvy, are of great practical value, and should concern the military surgeon as much as the more attractive subjects of traumatic surgery.

Summary of Medical Science. Edited by Walter S. Wells, M.D. Part. 1. Charles T. Evans, 532 Broadway, N. Y. April, 1861. $2 per annum, in advance.

The object of this work is to present to the profession a semi-annual digest of the essentially practical articles embraced in the principal European and American Medical Journals, together with contributions from eminent Surgeons and Physicians. The attempt to make an intelligent abstract, properly conveying the idea entertained by the author, is always a difficult one, but in the volume before us the editor has shown conclusively his ability in that direction. We regret that he should have confined himself so exclusively to European journals, and trust that in his next number he will give equal prominence to the many important contributions to medical science which are constantly issuing from the American press. By so doing his "summary" will commend itself as invaluable to the profession.

A Treatise on the Practice of Medicine. By Edwin R. Maxson, M.D., formerly Lecturer on the Institutes and Practice of Medicine in the Geneva Medical College. Pp. 705. Philadelphia: Lindsay & Blakiston. 1861. Price $4,00.

In these perilous times it seems almost an act of fool-hardiness to issue a new book from the press, and the book itself must have some rare excellencies, and be uncommonly meritorious, in order to meet with that favor with which authors delight to have their labors received. Yet here we have a new work upon the practice of medicine, hardly claiming to throw any new light upon medical science or practice, but rather to concentrate that which already exists, and to present in a clear, concise, intelligible form, the human system in health as the standard; then the deviations for that standard in disease; the symptoms, diagnosis, nature, anatomical characters, causes, pathology and prognosis of each peculiar morbid condition, and finally the indications of treatment derived from these pathological conditions. The author evidently intended his work to be practical rather than purely scientifical; to be the companion of the busy practitioner who has but little time to devote to study, and desires results, rather than the long and tedious processes by which they are sometimes reached, and who regards more what is new and suggestive in the application of remedies, than speculations in pathology, or the causes which produce disease. Regarding it in this light Dr. Maxson's work is timely and appropriate, and will no doubt be hailed with delight by the large number of practitioners whose necessities, as to time and economy, compel them to discard more elaborate works. In its arrangement it varies little from that of the standard works; in style it lacks the polish which the "several years" of its incubation ought to have given it, and yet the directness and independence with which the author advances his views, without stopping to say or inquire whether they agree or disagree with his cotemporaries, is a feature of the work which will commend itself favorably.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D. } Editors and Prop's.
R. J LEVIS, M. D. }
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, JULY 20, 1861.

MEDICAL LOCOMOTION.

The customs of physicians, as to their means of locomotion in their daily professional tours, have varied through different ages as much as some professional opinions. Like some professional theories, too, they have gone through their cycle and again returned to favor. It may be supposed that doctors, in the earliest ages, were peripatetic in their habits, and within the last few years, in this city at least, the profession seems to be again reverting to the habit of journeying much on foot. But with the frequent dispensing with carriages has appeared an innovation which has, to some extent, taken their place, and, between which and walking at intervals, the practitioner is enabled to make his daily visits.

There is no class of persons by whom our system of city railways is more appreciated for the comfort and convenience rendered, than the medical profession. All points of the city are accessible by railway cars, and the intersection at the street crossings of lines running at right angles through the entire length of the city, enables the practitioner to follow his devious way without much toil or loss of time. This method of progression has had a great influence, not only in alleviating the toils of medical peripatetics among those who have habitually walked, but in discontinuing, to a great extent, the practice of riding in carriages. A very large number of physicians in active practice now accomplish their rounds between the easy alternation of walking and car-riding.

In resuming the practice of walking, the profession is reverting to the custom of a distant time. The practice of carrying a cane,

which, when mounted with a golden head, became a professional badge, originated probably in the general habit of walking by city physicians.

In rural practice, doctors in early times, from necessity, rode on horseback, and for a long period, previously to the reign of Charles II., it was the custom of physicians in London to ride on horseback, sitting sideways on the saddle, after the manner of ladies. The illustrious Harvey is pictured as "riding on horseback, with a foot-cloth, to visit his patients; his man following on foot, as the fashion then was, was very decent, now quite discontinued." But, previously to that period, in the year 1563, Dr. Langton, it is said, "rid in a car with a gown of damask, lined with velvet, and a coat of velvet, and a cap of the same." At a later period, the last century, Jenner is pictured as riding on horseback, "dressed in a blue coat and yellow buttons, buckskins, well-polished jockey boots, with handsome silver spurs, and a smart whip with a silver handle."

From the following account which the great Sydenham gives of his own professional habits, about the year 1670, it is evident that he was much given to riding in his carriage, using it twice a day: "In the morning, when I rise, I drink a dish or two of tea, and then ride in my coach till noon; when I return I refresh myself with any sort of meat, of easy digestion, that I like; I drink somewhat more than a pint of Canary wine immediately after dinner every day, to promote the digestion of food in my stomach, and drive the gout from my bowels. When I have dined, I betake myself to my coach again, and, when my business will permit, I ride into the country two or three miles for good air. A draught of small beer is to me instead of a supper, and I take another draught when I am in bed and about to compose myself to sleep."

The pomp and circumstance of the doctor of those times is quaintly told by Washington Irving, in one of his most graphic pictures. The consequential air of the doctor of the "good" (?) "old times," contrasts strongly with the more unassuming habits of the practitioner of "these degenerate" (?) "days." Irving thus starts off the doctor, with bustle and parade, from his own door:—"His wall-eyed horse stood stamping and whisking off the flies, for full an hour before the house; then the doctor's saddle-bags would be brought out and adjusted; then, after a little while, his cloak would be rolled up and strapped to the saddle; his umbrella would be buckled to the cloak; while, in the mean time, a group of ragged boys, that observant class of beings, would gather before the door. At length, the doctor would issue forth, in a pair of jack-boots that reached above his knees, and a cocked hat, flapped down in front. As he was a short, fat man, he took some time to mount into the saddle, and, when there, he took some time to have the saddle and stirrups properly adjusted, enjoying the wonder of the urchin crowd."

For half a century the gig or "chair" was the favorite professional vehicle, and yellow was the favorite color. Fifty years ago, this simple form of carriage was in almost universal use by the profession in this city. Dr. Rush is alluded to by his biographer, Dr. Jackson, as "riding in a plain vehicle, with two wheels and one horse. In this open carriage we saw him facing the storms the last winter of his life." After the "one-horse shay" had for years almost disappeared from our streets, it has been somewhat recently revived, and is again in favor.

We are, thus far, more favored in Philadelphia with city railways than any other city; almost all streets which traverse the city having railway tracks in them. The level nature of the surface, on which the city is built, much facilitates the running of railway cars, and the vast extent of the ground covered renders such rapid and cheap means of conveyance indispensible to the necessities and convenience of the masses. The passenger railways has become a characteristic of Philadelphia. There are about two hundred miles of railway track within the city.

The subject of a yearly commutation ticket, to be issued to physicians, which would pass its holder over all of the railway lines, was, two years ago, agitated, but failed for want of interest in the matter. Since that time, the railways have vastly increased in number and extent, and the subject is now worthy of an earnest reconsideration.

EDITORIAL NOTES AND COMMENTS.

The *Dental Register of the West* is discussing the importance of the appointment of Dentists for the army. It believes "that the teeth of those in our armies should receive more attention than heretofore. By neglect they may frequently become diseased, and that at an early period of camp life." The *Register* is "fully convinced" that the services of good, efficient dentists are needed in the army. The great difficulty will be to convince the authorities that they are needed, and ere that is accomplished, we fear that the war will be entirely over, and the soldiers all dispersed among their kindred, where the enterprising dentist will find "subjects" without encountering the dangers and privations of camp life.

The *Journal of the Franklin Institute* gives some statistics of the meteorology of Philadelphia for the month of May, which are interesting and deserve a place in our columns. The mean temperature of the month was 59.38°, nearly 5° low that of May last year. The highest range of the thermometer was 83° on the 27th. The 26th was the warmest day, its mean temperature being 73.7°. The coldest day was the 3d, 40°; the lowest, 36°, was reached on the 2d.

The amount of rain which fell during the month was 6,240 in. The atmospheric pressure was greatest (30,132 in.) on the morning of the 31st, and least (29,096 in.) on the afternoon of the 27th; the average range for the month was 0.156 of an inch. The spring just closed was the coldest of the last three. The last ice of the season was found on the 22d of March, and the last snow fell April 17.

The Sanitary Committee are pursuing their labors with vigor, and they find that the numerous complaints which reached the public ear, through the volunteers, in regard to their rations, have a real existence, and that they are in some instances nearly insufferable. The sick are yet worse off. The only additional rations issued to them from the medical department are "tea, white sugar, tamarinds, spices, arrow root, sago, corn starch, and liquors;" and these are the only rations allowed or provided for by the government in the hospital. The Sanitary Committee urge the addition of "dissected hash, soup made of beef and vegetables, such as is used in the Arctic Expeditions, dried tomatoes and apples, concentrated milk put up in sealed cans, (that preserved in sugar, and of the consistency of syrup, being preferable to other kinds,) preserved eggs and fruits, chocolate, and portable egg-nogg." These delicacies, so important in certain cases of disease, or to sustain nature, sinking under suppurating wounds, the volunteer soldier is compelled to look to his friends at home to furnish. No provision is made, or can be made by government under the present military code, to supply them. Hence, one reason why the commission ask for donations and subscriptions from the benevolent, and hence the urgency with which they make their appeal for contribution of these articles to the *hospital* department. At their late meeting at Washington the leading questions discussed and acted on, were:

1st. The payment of soldiers' wages by allotments, or by treasury orders, for the benefit of their families and themselves. 2d. The condition and wants of the army in and near Washington: and a like report from the encampments at Fortress Monroe, and a similar report from the Western encampments, visited by the President. 3d. Measures for improving the camp police and regimental hygiene. 4th. Special reports from various inspecting agents of the Commission. 5th. Improvement in the soldiers' rations and regimental censure. 6th. The diminution or prevention of intemperance in the army. 7th. The establishment of competent cooks in every regiment. 8th. Nursing and the better care of the sick and wounded. An abstract of the several reports were ordered to be published in document form. They are in press and will soon be furnished to the public.

A concise manual of advice to military officers, respecting camp police, and military hygiene is to be published immediately. A depot has been opened for the reception and distribution of clothing and delicacies for the sick volunteers, and the committee express their determination to follow up their enquiries with such efforts as may be necessary to secure an effectual reformation of the defects and evils with which they meet.

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An Academy of Medicine was instituted at St. Paul, Minnesota, in March, 1860, and is now in possession of two spacious rooms, suitably furnished and well lighted with gas; has a superior microscope, an analytical chemical apparatus, and an electrical machine. A medical library has also been commenced. The cash receipts of the first year were $620.72; expenditures, $462.93; leaving $367.00 in the Treasury. The Academy has adopted the Code of Ethics of the American Medical Association. Dr. Wharton is the Secretary.

Correspondence.

The Weather—The Departure of the Second Regiment for the War—Meeting of the Obstetrical Society—Interesting Cases reported by Dr. Cotting and Dr. Walter Channing—A New Anæsthetic—The New Hospital—Dr. Martin and Fortress Monroe.

Boston, July 11, 1861.

The weather, for the week past, has been truly worthy of being called the "heated term." It has had its effect, physically, upon our citizens, driving those who had not already found a place of sojourn by the sea-side, pell mell, to cooler localities than could be found in city houses. To-day we feel the effect of yesterday's shower in a slight degree; but the state of the atmosphere is very suggestive of the dog-days to come. The sensation of the week has been the departure of the Second Regiment, Col. Gordon, for the seat of hostilities. No regiment has left the State in so complete condition for efficiency in every department; and, in this connection, I may say, without invidious criticism, that, under the care of the surgeon, Dr. L. M. Sargent, Jr., the men are sure to be well attended under all circumstances. Dr. Sargent carries with him the respect and esteem of the whole profession, and their cordial good wishes for his success and safe return.

The meeting of the Obstetrical Society was held on July 6th. A number of papers were read. Dr. Cotting reported a case of vesico-vaginal fistula spontaneously cured. In alluding to the features of the case, he took occasion to recall the cases which he had seen under the charge of Dr. George Hayward, of this city, and gave a short account of Dr. H.'s method of operating. So much has been put forth by subsequent operators and writers upon this subject, that a fair share of the honor of the operation has hardly been rendered Dr. H. If we compare the relative condition of the knowledge of the profession with regard to such operations then and now, we shall be better able to appreciate the originality of Dr. Hayward's steps in operating. The paper is published in the *Boston Medical and Surgical Journal*, and may be read with interest by all. It certainly seems proper and right that the claims of a member of the profession, who has contributed so much to add to its dignity and increase its usefulness, as has Dr. Hayward, should be recognized and cheerfully accorded.

A case was mentioned by the president, (Dr. Walter Channing,) which he saw in consultation, where the slough came away covered, as in the case of a foreign body in the bladder, with a thick, calcareous coating. A paper was also read by the president on "concealed, accidental, uterine hemorrhage near the close of pregnancy." The prominent facts were, first, the exceedingly small number of cases which were to be found on record or could be sought out; second, the occurrence of the accident at the end of pregnancy only; third, the cases reported afforded no evidence whether it is better, when this accident is suspected, to proceed to deliver, or let the case go on naturally. None of the members of the Society present had seen a case which they were certain was of this nature. One gentleman had been called to two, in which the symptoms were such as to lead to a belief that they were cases of concealed hemorrhage; but no post mortem was permitted, and it was only a matter of conjecture. Quite an interesting discussion took place relative to the frequency of albumen in the urine of pregnant women, and its connection with an edematous condition of the surface. The cases reported, in which the urine had been tested, showed that there may be albumen in the urine without anasarca, and vice versa. In some of the cases it suddenly made its appearance some days after delivery. Dr. Cotting reported a case in which there were repeated and severe convulsions, with the usual bloated and edematous condition for some time previously. This case did perfectly well. The labor was quite short in duration, and natural; the only treatment followed was gentle purges of castor-oil. On the fourth day, no albumen was to be found in the urine; and by the sixth her condition was comfortable. There had been no opportunity of testing the urine before labor.

A new anæsthetic has been brought to the notice of the profession. For the present, it is called Kerosoline, and it is found in the distillation of the Kerosine oil, from the Albert coal. It comes among the first products of the distillation, and in quite large quantities. It is not unpleasant either in taste or smell, and is effective and speedy enough in its operation. Prof. H. J. Bigelow has been testing its value for anæsthetic purposes; and at the last meeting of the Medical Improvement Society it was exhibited. If it proves to unite the speedy and complete effect of chloroform with harmlessness in exhibiting it, it will be a welcome addition to our list.

Since my last letter, I have received more perfect information in relation to our new hospital, which enables me to modify my remark as to the cost of the structure. It is proposed, at first, to build the isolated pavilions, thus incurring an expense of about $20,000 only for each, and on their completion, when all the adjacent buildings are occupied, then to put up the centre, which finishes the whole, and completes it both architecturally and for the purposes of the hospital. I am the more desirous to make this modification, as I should regret, deeply, if I should seem to have thrown doubt upon an enterprise which, for so long a time delayed, at last appears to bid fair to be commenced. An article has been going the rounds of the papers in relation to the employment of Dr. Martin,

of our neighboring city of Roxbury, in the vaccination and care of the troops at Fortress Monroe, so far as they may be affected with variola. In justice to the medical staff of the State, who have had the supervision of this matter, it should be said that the troops from Massachusetts at Fortress Monroe, were sent at a moment's warning, and with only the preparation that the emergency of the case allowed. There was no time for vaccination or anything of the sort, and being mostly from the country, where vaccination is not looked after so sharply as in the city, there were, doubtless, numbers who had never been protected from small-pox. But, since then, this matter has been most carefully and thoroughly attended to, and every necessary step taken to insure all the protection that medical aid can give. This should be said in simple justice to the gentlemen who have had the matter in charge, and who have been blamed for carelessness in a matter in which, in reality, they have been most careful and pains-taking.

Trimount.

NEWS AND MISCELLANY.

Dr. Edwin M. Snow, City Registrar, of Providence, R. I., sends us the necrological register of that city for June. Total number of deaths during the month, 69; of which, from consumption, 14, pneumonia, 5. Fourteen were under one year of age, and 11 between 30 and 40.

Mr. Joseph Laidley met with a violent death a few days since at Richmond, Virginia. He was a distinguished Chemist and Pharmaceutist, and was at the time of his death making some experiments with detonating materials, with a view to supply the deficiency of the southern army in percussion caps, we believe. He was well known in this city, having been educated here.

We notice the death of A. B. Sands, of the firm of A. B. & D. Sands, of New York city, long and favorably known as Druggists and Pharmaceutists.

Dr. Frorriep, well known as Professor at Jena and Berlin, and a large contributor to medical periodical literature has just died at Weimar, of apoplexy.

Dr. Bouteille, Sanitary Commissioner to the Egyptian Government at Suez, died suddenly at short time ago. He was held in so high estimation that the Europeans of Suez have had a tombstone erected to his memory.

The Dublin Medical Press announces the death of Dr. Kingsley, of Roscrea, Ireland, and says "one of the worthiest of the worthy has passed from among us, and the medical men of Ireland have sustained a loss not easily to be repaired." He was distinguished for his activity and zeal in everything relating to the honor and welfare of his profession, and was the beneficent founder of the Royal Medical Benevolent Fund Society of Ireland.

Dr. Riggs of Cortland County, N. Y., was lately tried before the Supreme Court, for alleged malpractice. The suit was brought by Ansel Grinnel, a wealthy farmer of Onondaga County, claiming damages to the amount of $5,000, on account of a false joint following the treatment of a fractured arm. The trial began on Monday morning, and closed late Thursday afternoon, when the jury gave a verdict of "no cause of action." The verdict gave great satisfaction to the Dr.'s numerous friends.

Dr. Rodet, late Chief Surgeon of the Antiquaille, at Lyons, France, recommends the solution of the perchloride of iron as a *specific* for the virus of hydrophobia, if applied within two hours from the infliction of the bite. It destroys the virus, as he has determined from actual experiment.

Dr. J. F. White, of Cincinnati, Ohio, has been appointed Surgeon in one of the Kentucky regiments.

Dr. Frederick Robie, of Fordham, Me., has been appointed a Paymaster in the regular Army of the United States.

At the regular meeting of the Guardians of the Poor for this city, on Monday last, Dr. T. Sturdivant was elected Out-door Physician in the First Poor District, and the old Medical Board was re-elected. The agent reported the census of the Alms-house for the week ending July 13, at 2,734, an increase of 521 over the same week last year.

The total number of deaths in New York city, for the week ending July 13, was 565, an increase of 172 over the week previous, and 123 over the corresponding week last year. The bulk of the mortality was among children, numbering 399. The total number of deaths in Philadelphia for the same time was 406; adults 108, children 298.

English Census.—The European correspondent of the *Presbyterian Banner* gives some interesting items of the English census, which may not be uninteresting to our readers. He says:

"The agricultural towns are, for the most part, stunted and decaying, the manufacturing population is increasing, and the agricultural diminishing. Cambridgeshire loses 3,500 in this way, and Lancashire has gained, besides its own natural increase an immigration of 143,313 persons. The population of London is now 2,803,034; ten years ago it was 2,362,236, exhibiting an increase of 440,798; the greater portion of which is due to natural increase; the proportion of it represented by immigration being only 164,591, against 273,177 excess of births over deaths. The healthiness of London is thus apparent. This arises partly from im-

proved drainage, and partly from the fact that the central districts of the metropolis have steadily become more and more places of business, and less and less places of residence. Of provincial cities and towns, Liverpool is foremost, the population being 443,871, as against 375,445 ten years ago. Next stands Manchester, with 357,694; then Leeds, 207,153; then Sheffield, 185,107; Bristol, 154,073. "This census has a strong political suggestiveness. Numbers, wealth, and intellectual activity, must more and more govern the country, and the tables show what changes are to be made in the distribution of representation, in order to correspond with the distribution of those three great elements of power."

Dr. D. W. Maull, of Georgetown, Del., has received the appointment of Captain in Company G., 1st Regiment Delaware Volunteers, now stationed at Perryville, Md.

The Ladies of Philadelphia are most assuredly deserving of great credit for their active exertions in furnishing necessary articles for the comfort and protection of the volunteers in the army. The remark sometimes made, that if you want any enterprise accomplished enlist the ladies in it, has in this case proved eminently true.

We find the result of their beneficient exertions to July 1st in one of the daily papers, which we copy:

"To the Military Hospital in Moyamensing the Association has furnished 25 iron bedsteads, 30 mattrasses, 150 pillows, 152 sheets, 252 pillow cases, 500 towels, 50 pairs of blankets, 50 bed-spreads, 136 hospital shirts, 6 bleached muslin shirts, 7 red flannel shirts, 16 wrappers, cooking utensils, baskets, tubs, brushes, chairs, castile soap, &c., besides $325 50 in money, a donation from the First Presbyterian Church.

To the Military Hospital at Chambersburg, under the care of Doctor Throop, since removed to Hagerstown, the Society has furnished 80 sheets, 70 pairs drawers, 50 hospital shirts, 4 double wrappers, 30 bed-spreads, 50 pillow cases, 12 pairs of slippers, 17 pairs of stockings, 36 towels, 6 sick-cups, a package of dietetic articles, a box of lint and bandages, and a bundle of half-worn clothing.

To the hospital at Camp Curtin, near Harrisburg, they have furnished 27 shirts and 6 sick-cups.

To Camp Washington, near Easton, they have sent 27 shirts and 6 sick-cups.

To soldiers mustered into service, they have supplied 4146 flannel shirts, grey and red; 911 pairs drawers, 454 flannel bands, 2,000 havelocks, 48 pairs stockings, 36 pocket handkerchies, a lot of castile soap, 150 towels, 5,000 bags, each containing a pin-cushion, needles, buttons and thread; 300 combs, 4,000 copies *Sunday School Times*, and over 50,000 pages of tracts and religious books, besides three small libraries to companies.

From the proceedings of the Senate on Wednesday, we observe that a bill has been introduced into the Senate to increase the medical corps of the navy. We hope that the bill will pass.

Clifton Hall Asylum for the Insane.—At a meeting of several members of the medical profession of Philadelphia, held, by invitation, on Saturday, 13th inst., at Clifton Hall, the private Asylum instituted and superintended by Dr. Given, they were so much pleased with the ample and convenient arrangements, and the attractive and healthful location, that they determined to give a formal expression to their sense of the great value of the undertaking of Dr. Given, and of the gratifying success which has, thus far, attended his management in establishing and conducting it.

Dr. John B. Biddle, having been called to the chair, and Dr. E. Hartshorne appointed secretary, the following preamble and resolutions were unanimously adopted, and ordered to be printed in such a manner as might be deemed best:—

Whereas, we, in common with many of our medical associates, are fully convinced of the importance of a private establishment for the treatment of mental disorders, and have long felt the want in our city of just such a one as we here see around us.

Resolved, That we have watched the progress of Dr. Given's enterprise with very great interest, and now take much pleasure in congratulating him and the whole community upon its successful inauguration and promising condition, as evinced by the appearance of the house and grounds, and by the favorable results of the last year's operations, exhibited in the Annual Report.

Resolved, That in expressing our unqualified approval of properly conducted private asylums, we are gratified to be able to recommend Clifton Hall, as combining all the requisites for the safe and efficient treatment of patients suffering from mental disorders, and therefore commending itself to the attention and active interest of the medical profession.

Resolved, That we tender our cordial thanks to Dr. Given for the handsome manner in which he has enabled us to become acquainted, by personal observation, with the material advantages of Clifton Hall as a desirable retreat for the insane, as well as for the social opportunity which he has so pleasantly afforded us of uniting in a tribute to the intelligent philanthopy, which is evidently the ruling spirit of his excellent establishment.

Parsees for Army Surgeons.—The Parsees resident in London, Liverpool, and Manchester, have petitioned the House of Commons of England, against the exclusion of any of their number, by reason of race or creed, from officiating as army surgeons, provided they are qualified to discharge the duties. The testimony of Dr. Walshe, Mr. D. O. Edwards, Drs. Jenner,

Garod, Harley, and Williamson, of Manchester, is in favor of their capacity to serve in any climate, and the *Times and Gazette* suggests that the opposition to the Parsees as surgeons, is "an indication of the feeling which we English denounce when exhibited by the Anglo-Americans towards the Africans."

Mr. Jas. M. Sanderson, of the New York Hotel, is appointed superintendent of the culinary department of the army, under the direction of the sanitary commissariat.

National Dental Hospital.—A hospital to provide gratuitous and efficient aid to the poor in diseases of the teeth, and to include means of instruction to students preparing for dental practice as members of the College of Dentists, has just been established at London, England. It is not designed to interfere with the one already in existence, which is metropolitan merely; but to receive subscriptions and patients from all parts of the world.

Amid the abundance of hospitals, public and private, with which Philadelphia abounds, we marvel that there is no Dental Hospital.

At the July commencement of the University of Pennsylvania, the degree of Doctor of Medicine was conferred on R. R. Murphy and Henry Essig.

A Healthy City.—Dr. Thomas M. Logan, of Sacramento, Cal., sends us the monthly Meteorological and Necrological Report of that city, for May, 1861. The average range of the thermometer for the month was 27 degrees, the highest 77, the lowest 50. The number of deaths during the month was 22, of which eight were of consumption. Only two were under 10 years of age, and only one over 60. The average of deaths in May, is precisely the average of the last eleven years. The report says the health of the city is fully as good as usual at the present time.

Medical Hospital at Richmond, Va.—This hospital is just now completed at an expense of $20,000, and is open for the reception of patients. It is provided with every convenience necessary for the comfort and successful treatment of the sick, who are all under the immediate care of the Professors of the Medical College. Attending Surgeons, Drs. Gibson, Peticolas, and Wellford. Attending Physicians, Drs. Tucker, Conway, and McCaw. Resident Physician, Dr. Isaiah H. White.

The following statement, from the Cairo *Camp Register*, shows the amount of sickness at that place to be quite large. Since the 27th of April, 772 soldiers have entered the army hospital, and have been treated for the following diseases, viz:—Diarrhœa, 103; bilious fever, 27; rheumatism, 7; pneumonia, 9; fever and ague, 19; dysentery, 115; gun-shot wounds, 3; pleuro-pneumonia, 11; intermittent fever, 17; miscellaneous, 461.

Egypt as a Hygienic Resort.—A volume just issued of Medical Observations on the Climate of Egypt, the *Medical Times and Gazette* says, recommends a visit to the Nile in phthisis, bronchitis, asthma, and renal disorders, as the early stage of Bright's disease.

The use of living animals for physiological experiments and practice in operations at the Veterinary Schools in Paris, France, has been prohibited by an order issued by the Minister of Agriculture and Commerce.

Answers to Correspondents.

Drs. S. S. & R. S. W., Pa.—Propylamine is obtained by distillation with caustic potash, from various sources. For medical purposes it is better to employ herring pickle in its preparation. The chloride is the most desirable form for its administration. The following is the formula used:

R.—Propylamine Chloridi, - - -	gr. xxxvi.
Sacchari Pulv., - - - - - -	drachm ij.
Aq. Menthæ Pip., - - - - -	f. oz. vj. M.

ft. solutio.

S. Dose.—A tablespoonful every two hours.

Each tablespoonful represents three grains of the chloride. It is handsomely put up in 6 oz. bottles, and sold at $7 per doz., or in crystals at $7 per ounce.

Dr. C. L. S., Wisconsin.—We should be pleased to receive the account of the case you mention.

☞ It is not often we indulge in poetry, but the following *morceau* has such "irrepressible" claims to our notice that we publish it:

MEDICAL HIGHWAYMEN.

Some late advertisers of patented pills,
By way of pursuading the public to try,
Bid all who are cursed with corporeal ills,
To "take them and *live*, or refuse them and *die!*"

God help us!—says Timon—and must we defend
Our persons and pockets with pistol or knife?
One can easily see what the rascals intend
'Tis the highwayman's cry, "your purse or your life!"

Errata.—In our last number, page 340, fourth line from top of first column, read "not" instead of "rather." "Its importance is *not* overrated."

☞ We have on hand a quantity of pure Vaccine Virus, which we furnish to subscribers to the Reporter *gratis*, on the receipt of a sufficient amount of stamps to prepay the postage, on one condition only, namely, that they return us, at least, as much pure matter as we send them. To those who are not subscribers we will furnish the virus at the usual rates.

Communications Received.

Connecticut—Dr. S. L. Chase, Dr. O. S. Hickok, Dr. O. P. Lyman, Dr. A. J. Douglas, Dr. S. Parmela. *Kentucky*—Dr. C. S. Abell. *Massachusetts*—"Trimount," Dr. Ch. Cullis, Dr. C. Burnett Smith. *Maryland*—Dr. S. M. Harvy, with encl.; Dr. D. W. Maul. *New Hampshire*—H. B. Cross. *New Jersey*—Dr. J B. Irwin. *New York*—Dr. Louis Bauer, (2); Dr. John Swinburne; Dr. J. A. Monell, with encl. Dr. W. Patrick; *Ohio*—Dr. N. B. Tyler, with encl.; Dr. J. F. White, Dr. L. Barnes, Dr. Edward Hottenstein, Dr. E. Baltz. *Pennsylvania*—Dr. Hiram Nichols, Dr C. P. Herrington, Drs. S. S. & R. S. Wallace, Dr. J. B. Longshore; Dr D. Merritt, Dr. J. P. Engleman, with encl.; Dr. A. M. Heistand, with encl. *Rhode Island*—Dr. S. W. Francis, Dr. W. B. Hopkins. *Wisconsin*—Dr. C. L. Stoddard.

Office Payments—Per Mr. Swaine: Drs. Sproul, Walton, Kinkelin.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.,
Of New York.

(*Continued from page* 356.)

In Anatomy.—The auxiliary part borne by water in the formation of gastric juice, 1.72 per cent. only being solid matter, is as necessary as it is beautiful. A moderate amount of common salt, chloride of sodium, held in solution, forms hydro-chloric acid, which, uniting with lactid acid and pepsin, as allies of varied talents, forms a mysterious compound that can dissolve, for man in his omniferous capacity, any healthy product of the vegetable kingdom, and render nutritious animal food either of a non-nitrogenized or histogenitic character. In this semi-digested stage, the fluid fuel, aided by its mobile power, passes on to the chylopoietic viscera, where the process is carried on by the pancreas, duodenal glands, and useful follicles, till the thoracic duct distributes the liquid sustenance, with a curved beauty, to the greedy heart. Were it not then for the presence of water, whose representatives far exceed in numbers the other ingredients, a wasting marasmus would terminate life and render futile the use of any condiments.

Prof. Frerich's analysis of the pancreatic fluid of the ass, alone will serve to show the excess of water as an agent of vital importance:

Water,	986.40
Solids,	13.60
Fat,	0.26
Carried forward,	0.26
Brought forward,	0.26
Alcohol-extracts,	0.15
Water-extract, albuminous,	3.09
Alkaline, { chlorides, phosphates, sulphates,	8.90
Carbonate and phosphate of lime and magnesia,	1.20
	1.000.00 — 13.60

If a ligature be placed around the pancreatic duct, according to the enlightened experience of M. Bernard, no oleaginous material will be digested, and the presence of any opalescent chyle cannot be found in the lacteals.

Though the water, in the gastric juice, is essentially useful, too free an indulgence in cooling drinks, and particularly ice, after dinner, is of serious import as delaying digestion. Dr. Beaumont, who has devoted so much time to this subject, found that, if only a gill of water, at 50° temperature, were introduced into the stomach after food had been eaten, it lowered the temperature some 30°, and required nearly half an hour to regain the normal heat which had been lost.

Dr. A. Combe expresses it as his opinion that the reason fluid diet is not preferred by dyspeptics, is because the watery portion is absorbed too freely, and that which is left is in "too-concentrated a state to excite the healthy action of the stomach."

Lehman, also, found that it required about twenty parts of gastric juice, in a healthy state, to produce the desired effect on one part of albumen.

All these facts go to prove that nature is the best director of affairs, and that the closer we pay attention to her wonderful operations the better will be our lot on earth—the more pleasing our sojourn amid perplexing fancies and false theories.

As another instance of the immense quantity of water in that all-important chemical agent, chyle, the analysis of Dr. G. O. Rees* of both

* Medical Gazette, Jan. 1, 1841.

the fluids obtained from the lacteals and lymphatic vessels of a donkey, seven hours after a good meal, will indicate the comparative ratio:

	Chyle.	Lymph.
Water,	90.237	96.536
Albuminous matter, (coagulable by heat,)	3.516	1.200
Fibrinous matter, (spontaneously coagulable,)	0.370	0.120
Animal extractive matter, soluble in water and alcohol,	0.332	0.240
Animal extractive matter, soluble in water only,	1.233	1.319
Fatty matter,	3.601	a trace.
Salts—alkaline chloride, sulphate and carbonate, with traces of alkaline phosphate, oxide of iron,	0.711	0.585
	1.000	1.000

Chevreul, by means of a series of careful experiments, ascertained that about two-thirds of the entire weight of the body could be evaporated "by complete desiccation."* By comparative measurements, it has been discovered that 75 per cent. of muscle is water;† while in the brain it is from 80 to 84 per cent.

In Prof. Allen Thomson's "Outlines of Physiology," there is much of importance that pertains to this subject. The following table not only indicates the amount of water in the fluids, but gives accurate measurement of the exact proportion in the "solid tissues:"

	Per centage of solid matter.	Specific gravity.
Bone,	80 to 90	1200 to 1600
Hair,	60	1300
Cuticle,	50	1200
Nerve,	43	1100
Skin,	30 to 40	1100
Fibrous texture,	30 to 35	1080 to 1090
Artery,	25 to 30	1070
Cartilage, Muscle, Glands,	23 to 28	1055 to 1060
Blood,	20 to 23	1050 to 1055
Wall of intestine,	18	1040 to 1050
Brain,	16 to 20	1030 to 1045
Fat,		942

That wonderful mobility of the human form, the distensibility of the skin and the rapidity of motion on the part of the superficial muscles, are, one and all, due to the presence of a vast amount of water.

M. Edwards maintains that, though the subject has been disputed for years, he entertains the belief that water is absorbed through the skin as well as exuded. Both Dr. Madden and M. Berthald, by means of baths, taken by themselves with the greatest care, ascertained that water was absorbed even through the epidermis. This must be the case; for, not unfrequently, by placing an emaciated victim of dysphagia in a bath of milk and water, life has been sustained for many hours, if not days, and that distressing lassitude resulting from thirst has vanished before its soothing influences. This thirst is due to a "disproportionately small quantity of water in the blood."*

Blood, the vital fluid of the human organization, is composed of such a vast variety of subtle agents and important ingredients that the following cannot fail to prove of interest to those who seek to learn the part sustained by water in its constitution. It is made up from the many analyses of Denis, Deanu, Simon, Nasse, Lehmann, Becquerel, Rodier, and Gavarret, and is esteemed by many the most complete.

In 1,000 parts of blood we find:

Water,		784.
Albumen,		70.
Fibrine,		2.2
Red corpuscles,		
Globuline,		123.5
Hæmatine,		7.5
Fatty matters:		
Cholosterine,	0.08	
Cerebrine,	0.4	
Seroline,	0.02	
Oleic and murgasic acids, Volatile and odorous fatty acids, Fat containing phosphorus,		1.3
Inorganic salts:		
Chloride of sodium,		3.6
Chloride of potassium,		0.36
Tribasic phosphate of soda,		0.2
Carbonate of soda,		0.84
Sulphate of soda,		0.28
Phosphates of lime and magnesia,		0.25
Oxyde and phosphate of iron,		0.5
Extractive matter, with salivary matter, urea, biliary coloring matter, gases and accidental substances,		5.47
		1000.

We find water in the arteries after death. When all else has left the tubes of existence, it still follows the veins unwilling to resign to

* Anatomie Général, par P. A. Béclard, 3 ième edit., 1851, p. 53.

† Carpenter's Physiology.

* Kirk and Paget's Physiology.

other elements its own accustomed round of duty.

Were it not for a free exudation through the multifarious pores of the skin, it would be impossible for man to venture, as has often been done by the enthusiastic learned, into ovens at a temperature of some 600°. A molten mass of iron may flow with impunity over the hand of the "founder" obedient to the laws of "spheroidal heat," thus shielding man by the moisture on the surface of the body, and becoming the safety valve, as it were, of what might bring about an instantaneous death, or subject the victim to prolonged, unceasing misery.

The tubules on the surface of the skin were evidently appreciated by the learned of many centuries gone by. Herodotus (117) on account of the neglect paid to cold baths in Rome, strongly advises swimming in the sea, by means of which all impurities may be washed from the body, external. Soramus (100) deemed the distressing symptoms, which arise from a prolonged attack of asthma, as intimately connected with a want of free circulation on the surface of the body, and accordingly suggests the use of cold water. Avicenna (1036) the "Prince of physicians," among the Arabs, does not altogether approve of the indiscriminate use of *cold* water, but premises much of his advice by stating that it depends essentially upon circumstances. While Ishakben Soleiman (940) agrees with Hippocrates in preferring, as a general use, spring-water modified by locality and influenced by surrounding agencies.

Not even in Salerno, where the students of medicine imbibed the knowledge of therapeutics, and at the time when Charlemagne indulged in the rare, regal accomplishment of swimming, could either example or precept induce the majority of the "Ὁι πολλοι" to practice ablution of their persons. In some countries, the absence of perspiration, after great exercise, renders the inhabitant more susceptible to disease, and less able to enjoy that purity of a cleansed skin which is so conducive to perfect health. This is particularly the case in Mexico, where even undue exercise is not able to bring about transpiration sufficiently to free the kidneys from overwork. The 28 miles of pores seem, as it were, to remain indifferent to sanitary laws, and like the "discontented pendulum," forget their part.

In a most interesting and instructive paper, read before the New York Academy of Medicine, by the author, Dr. J. C. Dalton, on "the rapidity and extent of the physical and chemical changes of the body," the amount of air, fluids, &c., which are "absorbed, discharged, secreted and re-absorbed in the human body in 24 hours," may be seen in the following table, avoirdupois, in pounds and decimals.

Absorbed.		Discharged.	
Oxygen,	1.019	Carbonic acid,	1.535
Water,	4.275	Aqueous vapor,	0.447
Solid organic matter,	0.340	*Perspiration*,	1.965
Starch,	0.590	*Water of the Urine*,	2.020
Fat,	0.220	Urea and salts,	0.150
Salts,	0.056	Feces,	0.385
Total,	6.500	Total,	6.500

One cannot read the above without feeling amazed at the vast amount of water which forms the link, and assists most of the important actions of the organs of vital power.

Secreted and Re-absorbed.

	grs.	lbs.
Saliva,	20.164	2.880
Gastric juice,	98.000	14.000
Bile,	16.940	2.420
Pancreatic juice,	2.500	0.351
Lymph and chyle,	44.100	6.300
Total	25.	951.

In the disposition of the sub-arachnoid fluid who can deny the wonderful convenience and adaptability of this water-bed for that most sensitive of all organs, the brain? And coming in due course of time, the idea is worthy of contemplation, for water seems the common multiple of all the senses. Without it, the nerves of each locality refuse to act, and signals of distress or emotions of pleasure fail to be communicated to the sensorium. It is most gratifying, while treating of so fascinating a subject, to be able to testify to this one fact, interesting, curious, astonishing, namely, that the five senses are indebted to water for their action and delicate truthfulness to nature's requirements. We have seen that vision cannot exist without the aid of the three lenses to control the rays, act with convexity, thereby collecting what might be refracted and softening what is transmitted to the susceptible retina, acting like a chromatic telescope.* The *aqueous* humor assists in supplying a proper medium in which the contraction and expansion of the iris may take place, and thereby control the quantity of light to be admitted.

* Bell on the head. Bridgewater Treatise.

The vitreous humor, which is filled with "a watery, pellucid fluid," forms nearly four-fifths of the entire globe of the eye, and materially assists in keeping the crystalline lens at a proper distance from the retina. Wharton Jones, and Lawrence, seem fully to appreciate their utility; and Todd and Bowman devote considerable time to the discussion of their respective merits. Arnold enlarges on the subject, and Brücke is enamored of this beautiful provision of nature. Were it not, then, for a proper quantity of this transparent fluid, of what use would the retina become? How superfluous and unnecessary would be the membrana Jacobi, and unnoticed the nerve-fibres of the retina so much admired, so profoundly investigated by Valentin, Bidder, Krause, and Hannouer. Then, for all intents and purposes, the "yellow spot of Saemmering" might become green; the choroid be destitute of pigment, and the many useful and scientific experiments of Wheatstone become of no avail, or cease to have existence.

The nose, as Paley says with much truth, is indispensable for the suckling babe. Without its free means of inhalation, the imbibition of its mother's milk would be an impossibility. Not only does it act as a guard against what is offensive to the lungs, palate, and digestive apparatus, but is employed by man as a pleasing source of exquisite enjoyment. In the Eastern countries, more especially, do the inhabitants cultivate the sense of smell for the purpose of appreciating, through the nerves of sensitive organization, the most delicate gradations of tinted odors, and suggestive extracts from the flower-beds of nature. This has led to the beautiful simile—

"La beauté sans vertu est une fleur sans perfum."

The little fibres that furnish signals at the approach of matter wafted to them by the gentle zephyr's breeze, invisible to all else save the penetrating microscope, are furnished with a fluid, whose special seat of action is the schneiderean membrane, easiest of inflammation, soonest lost in sickness. Create, by cold, or other means, an increase of the mucus, and at once the sense of smell will vanish, while all the other faculties of man are engaged in active duty on the citadel of thought. Though "titillation" is the satisfactory result of copious snuff-taking, the termination of this sad and eminently wrong indulgence is a total loss of what had been bestowed at birth for useful purposes, not serious excess. Far be it from me to decry the comfort of a good "habana!"

Sublime tobacco! which from east to west
Cheers the tar's labor or the Turkman's rest;
Which on the Moslem's ottoman divides
His hours, and rivals opium and his brides;
Magnificent in Stamboul, but less grand,
Though not less loved in Wapping on the Strand;
Divine in hookas, glorious in a pipe,
When tipp'd with amber, mellow, rich, and ripe;
Like other charmers, wooing the caress
More dazzlingly when daring in full dress;
Yet thy true lovers more admire by far
Thy naked beauties—Give me a cigar! *

Many a profound scholar and practical deducer, many an astute mind entertains the same feelings.

With regard to the sense of smell, it will be necessary to enter more minutely into the distribution of the first pair of olfactory nerves. Susceptible as is the nose of any creature to odors of different character, it does not follow that pain is a consequence of contact with foreign bodies. Magendie, by experiment, found that, though the olfactory nerves of a dog were laid bare and pricked, the slightest evidence of pain could not be discovered. When we know that volatile bodies, by chemical action, materially affect the sense of smell, and that "cold, heat, itching, tickling, pain, and the sensation of tension and pressure in the nostrils," transmit to the mind of man the signals of danger, or the approach of what is gratifying, we look with eagerness for a clue to this mystery, and seek to ascertain even the least of those subtle agents, by means of which another sense is born, and freedom from so many ills may be enjoyed with a luxurious impunity. The odor of all fishy substances is contained in watery vapor, and what is of signal importance is, that all odors must be dissolved in the mucus of the nose before they can affect the nerves of smell, either by chemical action or as foreign substances. Unless they enter through the nostrils, nothing can be distinguished as to quality. This has been tried by Deschamps and Richerand, who endeavored to inject vapor, heavily impregnated with strong odor, into the antrum and frontal sinus of different patients, but with no signal success. The fiat, from the hands of eminent physiologists, and men of the mental calibre of a Cullerier or a Maignault, has gone forth and resolves itself into the following sententious and expressive fact, namely:

"When the Schneideran membrane is *dry*, the sense of smell is lost."

* The Island, Canto II.—*Byron.*

Though this sense is essentially the characteristic of animals as means of avoiding danger or pursuing their prey, man, nevertheless, by a studied cultivation of this delicate organ can substitute the nose for the ear, at the approach of friends, and, at times, determine the presence of any particular person, though devoid of sight, and especially if *dark* cloth be worn by the individual.

(*To be continued.*)

Osseous Tumors.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Diseases of the Mouth—*Continued.*

Enostitis, when associated with the pulp of teeth, (more correctly speaking, "Innodular calcification,") is about the most painful and most obscure of all affections of the human body.

I will illustrate it with a single case.

During the last session of the University, a student in the medical department applied to me, suffering with neuralgia, so severe as to have entirely incapacitated him for study for a period of some three weeks. During this time he had tried all the ordinary remedies which had suggested themselves, without finding the slightest relief. The pain varied between the tuberosity of the superior maxillary and the ear. The teeth, about the tuberosity, were as sound and healthy looking as any I have ever seen; there was, apparently, no local lesion, while, on the other hand, the physique of the gentleman was not at all of the neuralgic type. I was perfectly at sea with the case, until after a day or two there came to my mind an instance of innodular calcification of the dental pulp. I had once seen, at that time, the only case, where the patient had suffered in about a like manner. Now, I did not judge, of course, that of a certainty I had differentially discovered the source of trouble, but, still, I felt so well satisfied that I requested and obtained the consent of the patient to be allowed to drill into the pulp chamber of the wisdom tooth of the painful tuberosity. The result was the finding of the pulp filled with osseous granules—granules of osteo-dentine. The extraction of the tooth was followed by the immediate cessation of all pain, and the gentleman was able to go from my office direct to lectures.

I do not know how to tell my readers anything about the diagnosis of this innodular calcification of the dental pulp; it must be differential. I think that now I should be able, personally, always to recognize the condition, but I will be excused for saying that the ability to diagnose it, must result from an understanding of all the various modifications of dental diseases. A diagnosis can be only differential.

In the venereal or scorbutic exostosis, or inflammatory tumors, the features of the common disease become merged into the history of the cachexia, of which the tumor is only the representative. The growth is rapid, is painful, is influenced by slight causes, and is more or less amenable to constitutional treatment.

Scrofulous and scorbutic tumors differ from the venereal in being more loose and spongy in structure, and, in consequence, more apt to run into abscess, being possessed, as it were, of the elements for their own destruction.

In these forms of maxillary disease, the lesion is commonly heralded by deep-seated, dull pains, which precede by some time the visible enlargement of the part. After the tumefactive process once fairly sets in, it goes on, if uncombatted, until the parietes of the bone are completely disparted. Associated with this enlargement of the bone, is an unhealthy condition of the soft parts, the gums become pallid and are, of course, more or less attenuated, the paleness being the result of this attenuation.

As the disease advances, the centre of the tumer softens, while the character of the pains change, becoming sharp and throbbing. As pus forms, sinuses are created, and thus ulcerations occur on the face of the tumor.

The treatment of inflammatory tumors, of these and similar type, is to be conducted in consideration of their two-fold requirements. The systemic influences are to be corrected; while, locally, I think I am justified in suggesting that, as a rule, they will succumb to the treatment commonly directed against similar ulcerations of the soft parts. I have great confidence in the use of tents and stimulating injections.

There is a simple tumefaction of the maxilla which should not be mistaken for exostosis. It is to be distinguished by the greater rapidity of the swelling, and by the greater soreness attendant on it. In ordinary exostosis of the jaw bones, the solidity of the teeth are unaffected. In this tumefactive condition, they are quickly loosened. They are also loosened in the exostosis of syphilis and scurvy, and scrofula, but not so rapidly.

Cases illustrative of the difference between exostosis and simple swelling of the jaw.

Case 1.—A laborer, aged twenty-four, applied to M. Jourdain for professional attention. For some years he had suffered from the effects of diseased fangs, but the relief afforded by the spontaneous discharge of purulent matter allayed his fears. The tumor, however, increased; the extraction of the fangs was advised and performed, but the swelling continued. A mercurial course was recommended, to which the patient was unwilling to submit; he therefore sought my advice, and consented, after being convinced of the character of his disease, to the performance of the operation, which his case demands.

The operation done in this case, by Jourdain, is just such a one as any surgeon would do,—namely, chiseling away the mass and healing up the wound made.

Case 2.—A pensioner of the college of Louis the Great, had an alveolar abscess of the right lower jaw, from a carious molar. Relief was obtained after the discharge of the contained pus, but the recurrence of the disease rendered extraction advisable. From the extreme swelling of the bone, exostosis was suspected, and M. Misa, the family physician, called M. Jourdain, in consultation upon the case. I found the osseous tumor, says this surgeon, yielding, and pressure gave pain over the affected tooth. I therefore pronounced it to be simple infiltration, and not exostosis. A perfect cure was affected by the removal of the tooth.

Case 3.—A person applied to M. Jourdain, who had been for three years under fruitless treatment for supposed fistula near the curvature of the right coronoid process. The bone was an inch thick between its laminæ, as far as the first molar, presenting a considerable prominence externally, between the angle of the jaw and that tooth. The molar teeth had been removed. The bone yielded under pressure, giving evidence of a contained fluid, and the investing gum was hard and insensible. The patient was subject, especially in damp and chilly weather, to severe and painful swelling of the face, which confined him to the house, and often to his bed, for many days.

I advised, says M. Jourdain, and with the consent of the patient, performed the separation and removal not only of the gum, but of the whole tumor, embracing all the bone that was in any way softened. A large quantity of fluid, of the color of wine escaped. Dry dressings were applied, and in forty-eight hours removed. Three several applications of mercurial water removed the asperities of bone and fungous granulations. An aromatic and healing gargle was used at each dressing. Under this treatment, the wound progressed slowly and surely towards a cure, and in six months was well. There remained, however, a slight permanent enlargement of the bone, and a susceptibility to the influence of atmospheric changes.

In the monograph of Prof. Gross, (from which I previously quoted,) is related the following interesting case. The source of irritation it will be perceived was a supernumerary tooth.

"Miss C., aged twenty-one, of Frankfort, Kentucky, came under my observation in June, 1840, for an enlargement of the left upper jaw bone, which she first noticed about two years and a half previously; it occupied the alveolar process, was free from pain and discoloration, and produced no appreciable prominence on the corresponding side of the face until eighteen months ago. About six months after the tumor first attracted attention, the first bicuspis became loose, and was extracted by a dentist; the operation was followed by considerable hemorrhage, but this soon ceased, and the parts healed in a short time. After this, the tumor increased a little more rapidly, and by degrees the second bicuspid became loose; but, as it did not ache, it was not removed.

At the time of Miss C.'s visit, the tumor was about the volume of a large hickory nut, and seemed to be formed mainly at the expense of the outer surface of the alveolar process; it was hard and inelastic, devoid of pain or soreness, and unaccompanied by any disease of the gum. The general health was, and in fact, always had been excellent.

As the tumor was making steady, though slow progress, and was productive of some deformity of the lip, as well as of great mental disquietude. I determined at once to remove it. In describing the operation, Dr. G. says, "as the internal lamella of the bone was found perfectly sound, it was, of course, permitted to remain, especially when it was ascertained that the whole trouble had been caused by the presence of a tooth, apparently a cuspid, a little smaller than natural, but well formed, with the crown reversed, or directed upward toward the antrum of Highmore."

Before closing this present paper, I must direct attention to certain inflammatory tumors

of the peri-maxillary parts, with the existence of which it will not be amiss to be familiar, since it may serve, sometime, to guard against error, particularly as a diagnosis of swelling of the bone as it relates to necrosis, is concerned.

I will illustrate the lesion, as illustrations are generally more instructive, and certainly are more interesting than dry detail.

In 1858, a mother brought to me her little girl, suffering from an inflammatory swelling of all the left lower portion of the face. The condition had existed over two months, and the parts had become quite indurated. I at once inferred that the case was one so frequently met with of alveolar abscess. Close examination of the mouth, however, quickly undeceived me, the teeth were in perfect condition. The observation discovered to me, however, that the immediate peri-maxillary parts were swollen and turgid, not as in the abscess, but as found in specific ostitis. I directed sudden and sharp occlusion of the jaws, but no painful impression was made upon the bone. I questioned her as to the character of the pain, but it was neither that of ostitis or periostitis. I placed this child under antiphlogistic and sorbefacient treatment, when she immediately began to improve. The features of the case was similar, so far as appearances were concerned, to ostitis, but the rapidity of the case satisfied me that the trouble was alone in the soft parts.

Case 4.—(Chabert.) A soldier came to the hospital with a hard tumor extending from the right angle of the jaw along its base to the cartilage of the larynx. It had commenced five or six days before, with febrile excitement, for which he had been bled. It was indolent, and without redness; poultices were applied twice daily, and on the second day the tumor became elevated and inflamed, impeding in a measure the action of the throat. It was now lanced just below the middle of right jaw, and discharged a small quantity of blood and pus, was treated with dressings of dry lint, and a small pledget dipped in a healing solution was laid between the lips of the wounds. The patient was purged, and the hard tumor which continued after all discharge had ceased, was dissipated by the use of resinous plaster.

Case 5.—(Hilden.) A female applied to me for the relief of a tumor near the left articulation of the jaw. After purging and venesection, I destroyed the tumor with escharotics; and then as the motion of the jaw impeded the healing of the ulcer, I lessened the extent of this motion by placing a forked piece of wood between the teeth on either side, and directed the patient to live on broths and other liquid nourishment. By these means a cure was soon effected.

I just now recall a case occurring in the practice of Dr. C. of this city, which I had the pleasure of seeing with that gentleman in consultation, where a peri-maxillary tumor was so osseous in appearance and to the touch, as might well, I think, have deceived almost any one.

The case was that of a lady some twenty-five years of age in which the jaws had been locked for quite a number of weeks, while the angle of the jaw seemed converted into a solid tumor. A fistula opened about the middle of the cheek, and discharged constantly blood and pus. This trouble was not the result of any appreciable dental difficulty, and had it not yielded readily to the treatment adopted, I should have inferred the existence of a dental tumor—the cause of which I would have supposed to be a supernumerary tooth—or otherwise, I should have esteemed it necrosis, with a torturous sinus.

Instance upon instance of such extra osseous tumors are given by M. Jourdain, from the practice of his cotemporaries. Such tumors are generally easily distinguished from the osseous, but not unfrequently, so intimately are they associated with the direct coverings of the bone that their origin is rendered very obscure.

(*To be continued.*)

Report of Fifteen Cases of Suicidal Death by Cutting Carotid Arteries.

By John Swinburne, M.D.,

Of Albany, N. Y.

The question is often asked, Why are the surroundings so diversified in suicides by cutting throats? In answering this question it will become necessary to examine the subject a little more in detail. In so doing I shall divide the mode and manner of death into those which involve:

1st. The arteries, (one or both.)

2d. Those which involve the veins and some minor arteries, with or without involving the trachea.

3d. I will analyze the causes of death of such

other circumstances as govern the flow of blood.

1*st. In Suicides by Cutting Carotids.*—The appearances are uniform so far as the amount of blood lost, while the direction of the spirting or flow of blood will be modified by the position of the body while the cutting is being done. When any large artery, such as a femoral and carotid, one or both is cut, death takes place *inevitably* from *hemorrhage.* This is the law of nature which applies invariably to the human subject, the exception is where the artery is secured by ligatures. *Fainting* does not *prevent* the flow of blood from continuing until life is extinct. Instance the invariable uniform amount of blood which flows after decapitation and in slaughtering of animals. I have collected about one hundred cases of suicides and attempted suicides by throat-cutting; in which a very small per centage of them have succeeded in cutting the carotids; many of them presented most frightful cuts and even a succession of cuts, which would seem to involve all the important vessels, but which (when examined by a careful surgeon or physician) were found not to involve the large arteries. Some of these were six and even eight inches in length, and still the wound did not prove fatal. These cuts are mostly in the line of the inferior maxilary, and some of them opening into the pharynx or trachea.

With reference to those which involve the carotids, I shall deem it of sufficient interest to the profession to give a concise and detailed description of such by themselves, inasmuch as there are no articles devoted to this subject. The few cases which might happen to have been subjects of medico legal inquiry, are not sufficient to elucidate the many points in this inquiry—while the others which only involve the veins and trachea, I will divide into

1st. Such as die from asphyxia induced by insufflation or running of blood into trachea.

2d. Such as die from syncope.

3d. Such as die from the excessive loss of blood.

4th. Such as die from introduction of air in the veins.

In all these forms of cutting, where veins only are involved, the blood *runs* out as observers say. It is this form of cutting which enables the suicide so to arrange the surroundings that there shall be no soiling of adjacent objects. *Instance* sitting on the side of the bed and leaning over the wash-dish; sitting on a privy seat and catching the blood in a spittoon; kneeling in a large chest or dry goods box, and leaning the head over and allowing the blood to flow into the dirt in the cellar. I find the greater number of suicides make more than one attempt—some make two, three, four, and even five efforts—and still sometimes fail to complete the work. I find one suicide taking two razors and a rope, fearing the first might fail. In fact I find few cases where there was not more that one attempt made at cutting, or in other words few make an incision sufficiently deep at the first attempt to sever the arteries or destroy life. It is *that* class of suicides, where the carotids are cut, to which I wish to to call especial attention.

In all these cases where the suicide was standing or sitting, and the room a small one, we find that the furniture, room, an clothes of patient, walls, and in some instances, the ceilings were covered with blood, while where the room was large, the jets of blood assumed a parabalon, and blooded the ground or floor for severel feet around the spot, leaving a pool of blood where the cutting was done. (See case 4.)

On the contrary, if the cutting is done while on the knees and elbows, the jet strikes the floor near the head, and little blood is found on the person of deceased. (See case No. .)

In *every* case of throat-cutting, whether arteries or veins were severed, the instrument used, whether razor or knife, was covered with blood, the same is true of the hand and wrist, while, if they were in the sitting or standing position, their clothes were saturated with blood.

In no case have I found a female cutting more than one carotid, while the large majority of suicides by throat-cutting were males.

In every instance where any observations were made, the wound was found dry a short time after the cutting, and there was found no oozing of fluid-blood from the cut vessels.

The eyes and mouth, so far as note was made of the fact, were open.

The tongue was never bitten or laterally chewed, so far as any note was made of the fact.

Convulsive movements of the limbs, the same as is observed in animals slaughtered, were not uniform, from the fact, *perhaps*, that many of these cases occurred in the standing position, and many of them stood until they had bled out.

In none of the cases can I find that the soft

parts (including trachea) were *positively* divided at one stroke of a butcher's knife or a razor, and in none can I find that the cervical bones had been cut into at all.

In no instance did the suicide lay on the back while the cutting was being done.

Sitting, standing, or kneeling was the universal position according to my observations.

In suicide by cutting of carotids, the external appearance and examinations by post mortem evidence, were entire exsanguination including the lungs; suicidal cuts in the line of the inferior maxillary and above the os hyoides, are more easily made, and inasmuch as they open into the fauces, are of necessity longer, deeper and more frightful in appearance, but no more destructive to life.

Case No. 1.—For the following very interesting cases I am indebted to Barent P. Staats, of this city. The subject, a male, aged forty, weighed one hundred and sixty pounds, quite muscular. The room eight by twelve, and ten feet high, contained bed, chairs, etc. While sitting on side of bed cut his throat with a razor, (am not positive with which hand the cutting was done) slid off and fell upon the floor. The cut was in a curvilinear direction, and in a line with inferior maxillary and above the thyroid cartilage, cutting more on the right than on the left side; one carotid cut, pharynx opened, wound about five inches. As he lay on the floor, the razor, which was covered with blood, fell from his hand; the ceiling, and sides of the room, the bed and body clothes, face and hands were covered with blood. The floor contained a large coagelum of blood in which he lay. He could not have lost less than sixteen to twenty-four pounds of blood; bound up the wound some two hours afterwards, and found no blood oozing from the vessels; in fact the cut was dry, and the body was virtually bled out. The face, body, and lips were very pallid, ashy, and quite exsanguined. He had much convulsive action of inferior extremities. I saw him before he was dead.

Case 2.—For the following exceedingly interesting case, I am indebted to D. S. Young, M.D., of Cincinnati, Ohio. The subject, a German male, aged forty; weight, one hundred and sixty; muscular; with a butcher's knife, sixteen inches long and much niched, cut, haggled, and mutilated his throat (while standing) very much, making several distinct efforts, cutting off all the soft parts, including both carotids, both jugulars, trachea, esophagus, etc., down to the bone. He was standing when the cutting was done, head thrown back, and retained the knife within the grasp until he fell, which was forward and partly on his face. The room was a cellar, attached to a pork-packing establishment, about ten by twelve, by seven feet high. The blood spirted all over the ceiling and sides of the room. His clothes were saturated with blood; his head, face, hands, and knife were covered with blood. The body seemed entirely exsanguined; face, lips, and body were as white as alabaster. One hour after, no blood oozing from the cut vessels; the cut vessels seemed dry. From the quantity of clotted blood on the floor, walls, and person, I judged that there was not less than sixteen to twenty pounds of blood lost.

Case 3.—The following case is one of especial interest, from the amount of blood lost and the distance that he walked after the cutting was done. It occurred under the observation of Dr. Willard, of Berne, Albany county, New York. The subject, a male, aged forty, weight one hundred and fifty pounds, full habits. He went to a garret with a rope and razor; with the razor he cut his throat, while standing about four feet from garret stairs. From this point, he descended two pairs of stairs, walked the whole length of lower hall, (about thirty feet,) out back door; walked outside three or four steps, leaned against side of house for a moment, and finally sagged down, like one in a faint. Here was found a large pool of blood; and when taken up he had bled out. After some little time, body was carried into the hall, when it was not even emitting blood enough to stain the carpets. The first dash of blood struck the side of the halls, stairs, and stairway; the stairs and sides, and the whole track from the garret to where the body lay was spattered and thoroughly bedaubed with blood; in fact, the halls and stairs were drenched with blood; the blood running like a penstock, by jerks. His wife stood in front door and saw him coming down the second flight of stairs. Her screams brought others to her assistance. Front of body, hands, and cloths were covered with blood, also the razor, (which was retained in the grasp of right hand until he fell at the back door,) hands and face were covered with blood.

The cut was just below the thyroid cartilage, and severing a piece of the same, was large,

five to six inches, commencing on left side of neck, back of sterno-cleido mastoid muscle, cutting through all the soft tissues of that side, including trachea; esophagus cut partly through; the carotids on right side not cut entirely off, on left side entirely cut off; the vertebræ not cut. I saw the body soon after the accident, and sewed up the wound some four hours after. There was no blood oozing from the wounded vessels; it hardly soiled the fingers, but left a fleshy smell on them. The amount of blood, of course, is speculative; the quantity was very large, more than I supposed was contained in any person.

Case 4.—For a very full and concise history of the following very interesting case, I am indebted to Dr. Walter Boothe. of Boonville, Oneida county, New York, of which the following is an abstract:—

D. S., aged sixty, weight one hundred and sixty, of nervo-sanguine temperament; for some time he had been somewhat despondent and gloomy. He was standing near the railroad track, and just as the train passed out of the depot, he drew a razor from his pocket, threw back his head, and made an incision, severing all the superficial structures and jugular veins. The blood flowed moderately; seeing persons approaching, he made a second desperate cut, and so exactly in the course of the first one, that no appearance of two incisions was visible on examination. The incision commenced on the left side, two inches below the lobe of the left ear, extending across the neck, in a curvilinear direction, above the thyroid cartilage, opening into the pharynx, cutting all the soft tissues in front of the vertebræ, but not cutting into its covering, and terminating one and a half inches below the lobe of the right ear. The right carotid was entirely severed; the left one, nearly. The blood spirted laterally and in front four to five feet, in a parabolic stream, covering the clothes in front of his person very much with blood, as was also his right hand and the razor covered with blood. Not more than ten minutes supervened from the first incision to the time of death, which took place with only slight tremors. The eyes and mouth were open; tongue not bitten. Since the receipt of the doctor's communication, I received information from a reliable source that the loss of blood was very large, sixteen to twenty pounds, and that the blood flew in jets for at least eight feet laterally and in front, and at an angle of forty-five degrees from the body, covering the board walk and ground with blood; also a large pool of blood where he stood. Not less than sixteen to twenty pounds of blood was lost, judging from the appearances and clots on the ground.

It will be seen that the greater number stand while the cutting is being done. In the fifteen reported cases of carotid cutting, nine were standing, three kneeling, and three sitting on side of bed. This is about the rates of positions in the hundred cases, while these three are the only positions in which any attempt has been made at cutting. The per centage of those who cut the carotids to all who attempt self-destruction by this mode, is about one in about twenty to thirty.

Case 5.—For the following case, I am indebted to Dr. P. P. Staats, of this city. The subject, a male, aged forty, rather corpulent, weight one hundred and fifty, cut his throat (while standing) with a razor; he soon fell on his back. The cutting was done with right hand and above the thyroid cartilage, cutting through carotid, trachea, and all the soft structures, but not involving the vertebræ.

The blood spirted six to eight feet from where he stood, leaving a large pool of blood on the floor. The amount of blood, of course, was very large; I think twelve to sixteen pounds, from the fact that the body was left exsanguined, and also the condition of the floor and his clothes, which were saturated with blood.

Case 6.—Dr. C. P. Staats.—T. O., aged 25, weight 140 lbs., muscular.

Position.—Cutting done while kneeling, and his face imbedded, and fell down on face; this was in a straw loft, and straw about five feet in thickness; cutting done with right hand, which, with the right arm were covered with blood.

Wound.—commenced at angle of left jaw, and made three distinct cuts: first, one cut was in the carotidian direction of chin at five inches, mostly on left side; second, below mostly on left side, and four inches just below the first, and mostly a skin cut; third cut commencing at the angle of the first cut, and extending obliquely downward across the thyroid cartilage, (but not into it,) severing the carotid on the left side.

Blood.—Chin, neck, and breast were covered with blood, right hand, (inside and out,) wrist and sleeve, (five inches from hand,) were covered with clotted blood—razor left in wound,

and dropped out when he was lifted up. The blood stained this five feet of straw, also two floors and two ceilings and floors; and on this lower floor, at least one pint of blood was found. I judged there to have been at least three gallons of blood lost, from the condition of the stairs, floor, ceilings, &c.

Face was blueish white, lips like marble, tongue contracted and shrivelled, and not bruised or bitten.

Eyes and mouth open.—Sewed wound about an hour after cut; it was covered with dry clotted blood, and no oozing divided vessels.

The straw which was close about his neck prevented the blood from spirting. Breast and clothes on front of body were saturated with blood to the inferior portion of sternum, and his shirt rolled down some distance below his neck.

Face looked ghastly, and not like one asleep. The razor was niched.

Case 7.—For the following case I am indebted to Dr. Burton, of Troy, N. Y. The subject, a female, aged 30, weight 120. She was standing in front of a mantle looking-glass, when she cut her throat with a razor, and soon fell on her left side.

The cut was made by the right hand, and cut commenced on the left side, cutting the sterno-cleido mastoid muscle together with nearly all the soft parts of the left side of the neck, also the carotid, and through the trachea below thyroid cartilage; the blood spirted out in jets over mantle, glass, etc., saturating the same; all the clothes on the left side of the body were saturated with blood, and bloodying neck, breast, hand, and razor, most thoroughly, and leaving a large mass of blood on the floor; at least 12 lbs. of blood was lost; mouth and eyes open, tongue not bitten; when the wound was sewed up, the edges were dry, and of course no oozing of blood from the vessels cut; an examination, post-mortem, revealed entire emptiness of the circulating system.

Case 8.—For the following interesting case, I am indebted to Dr. Thorn, of the Marshall Infirmary, Troy, N. Y. The subject, a male, æt. 50, full habit of body. The room was about 12 by 20 feet, and contained a bed, chairs, and looking glass, near which he was standing, when the cutting was done; from this position he staggered about nine feet, and fell on the bed. The cut was mostly on the left side, commencing just behind the angle of the jaw, cutting on a line with it to and through trachea, and severing the carotid. The instrument, a razor, was held in the right hand, and was not retained in the grasp. The blood jetted several feet, and struck the wall, which was spattered with blood, while the bed where body lay, and body clothes were saturated with blood—the right hand, arm, face, and razor were covered with blood; the quantity of blood on the floor, walls, bed, furniture, and body clothes, of course, was speculative, but was very large, as the body was exsanguined, and the edges of the wound dry, no oozing of blood from the cut vessels.

Case 9.—For the following exceedingly interesting case, I am indebted to Dr. Benjamin E. Bushnell, of Little Falls, Herkimer Co., N. Y. Suicide, a male, æt. 55, weight 150, lean, and but little muscle.

Position.—When first seen, he was on his knees and resting on his left elbow, head near the floor; he had then only lost about one-half pint of blood; when I arrived, he lay on his left side, with the left side of his head in a pool of blood, and gasped once or twice. I found that he had made two cuts, one across the thyroid cartilage, very slight; the second commenced under the left ear, and extended obliquely downwards and forwards across the thyroid cartilage, cutting jugular vein, carotid artery, but not the trachea. The right hand was covered with blood, little on the clothing, as from position of the body the blood poured directly on the floor; two razors were found near by, one directly in front, and a little to the right, covered with blood, the other not bloody. With regard to the quantity of blood lost, it is difficult to say how much, as it was a loose floor, and the blood ran freely through it, but from appearances, should say there was a large amount lost. He evidently died of hemorrhage. Upon examination of the abdominal cavity, the blood-vessels were empty. The examination of the wound was made a few minutes after death, and there was very little oozing from its vessels at the time.

S. N. Sherman, M. D., of Ogdensburgh, N. Y., now member of Congress and Surgeon of the Thirty-Fourth Regiment of New York State volunteers, sends me the report of the five following cases, which I have read with interest.

Case 1.—Male, age forty-five, weight one hundred and seventy pounds; while standing

with head turned to the right, made two distinct efforts to cut his throat with a butcher's knife.

First cut extending through the skin, cellular tissue from the angle of the left inferior maxillary downwards across the neck, not so far on right side as left.

Second cut was on the right side, between thyro cricoid cartilage, and made by a back hand movement, severing the trachea, both carotids, and most of the soft parts of the right lateral position of the neck, and extending about six inches in length, and nearly square across the neck. The blood spirted all over the ceiling, (9 feet high,) and about eight feet in every direction, covering his hands, face, etc., completely, and saturating the clothing on the body, loosing not less than sixteen to twenty-four lbs. of blood. The knife, (sixteen inches in length,) lay on the floor, and covered with blood. The face, lips, etc., (after being washed,) were ashy pale. He remained standing for some seconds after the cutting, then fell forward on his face, when active, convulsive efforts supervened, lasting some seconds. The tongue was not bitten ; sewed up wound within an hour, and there was not enough mosture to soil a spunge, no blood oozing from divided vessels.

Case 2.—A female, aged thirty-five, weight one hundred and ten pounds ; was sitting on side of bed ; cut throat, commencing posterior to the mastoid muscles of left side, just below the lower lobe of ear, extending in a curvilinear direction, on a line with the lower jaw, terminating one and a half inches lower on the right than on the left side, severing the left carotid, and opening into the fauces above the thyroid cartilage, but not the cervical bones. She slipped off the edge of the bed to the floor, and lay partly on her face, which rested across the right arm. The blood spirted about ten feet in every direction, saturating her clothes, and the carpet on the floor was saturated with blood ; a large pool of clotted blood, in which she lay immersed, not less than sixteen to twenty-four lbs. ; her hands, face, and razor, were covered with blood. Razor had evidently slipped out of the right hand as she lay on the floor, and the eyes and mouth were open, and tongue not bitten. The clothes of her person were somewhat disarranged, as if convulsions had supervened. No blood oozing from divided vessels, nor was there any blood moisture at the wound one hour after the cut was sewed up.

Case 3. — Male, aged thirty-six, weight one hundred and eighty ; while standing in front of looking-glass, (in a room about ten by ten, and eight feet ceiling,) with his head thrown backwards, cut his throat with a razor. Cut commenced on left side, extending across the neck in a line with the chin, cutting both carotids into fauces, etc. The blood spirted over the glass, ceiling, sides of the room, table, chair, face, head and hands, (right and left.) He ran round the room, leaving prints of bloody fingers on the sides of room, and finally fell on his face, where there was a pool of blood. His clothes, also, were saturated with blood ; the entire loss of blood could not have been less than sixteen to twenty-four lbs. The razor, handle, and blade, were covered with blood, and lay on the table under the looking-glass ; mouth and eyes open, and no oozing of blood from cut surface, which was dry. He had convulsive movements.

Cases 4 *and* 5 were males, laboring under delirium tremens. The cuts were large, severing the carotids higher on the left than on the right side. He did not see them until they were in the dissecting room, and hence could only say that their bodies were entirely exsanguined, and not blood enough oozing from the wounds to soil a pocket handkerchief ; lips were completely blanched, while no blood flowed on dissection ; tongue not bitten.

Case 13.—Dr. J. P. Boyd, of Albany, New York, communicates the following interesting case :

Male, aged forty, weight one hundred and forty pounds, spare. Cut throat, (supposed sitting on edge of bed,) severing left carotid, windpipe and nearly all soft parts on left side of neck ; when found, was on his back in bed ; clothes much disturbed ; wound gaping ; mouth open ; room about seven by eight feet, about eighteen feet high, and contained bed, chairs, etc. Sides of room seven to eight feet from the floor were covered with blood, spirted from the vessels ; bed, bedding, body, and clothing were saturated with blood ; head, face, hands, etc., were covered with blood ; did not see instrument ; no blood oozing from wound or cut vessels ; they were dry. It seemed to have bled out. There was evidently a large flow of blood, and death was evidently attributable to that cause.

Case 14.—I am indebted to Dr. Duane, of Schenectady, for the following very interesting

suicide, the extent of the cut makes it especially so. The subject, a male, age forty-five, weight one hundred and eighty. He was standing, when the cutting was done, and soon fell on a straw bed, (which was on the floor,) with the head resting on a feather bed, rolled up, and laid on a straw tick. The cut below the thyroid cartilage was long, severing both carotids, trachea, etc., extending farther to the left, than the right side, cutting only to the mastoid muscles of right side, while on the left it was severed, (no bones cut.) He had two razors; one in his pocket, and the other retained in the grasp of the right hand, and covered with blood, as also the right hand and wrist.

It was an ordinary sized bedroom; bed on the floor. The blood spirted all over the walls, floor, bed, body, clothing, etc. There could not have been less than eighteen to twenty-four lbs. of blood lost, judging from the condition of the apartments.

The mouth was open; the chin dropped.

Case 15.—Dr. Elwood, of Schenectady, sends me the following case:—Subject, male, age about thirty-six, weight about one hundred and fifty; cut his throat while on his knees and elbow, and fell forward on his face. Cutting done with right hand, and was mostly on the left side: commenced two and a half inches back of carotid, severing it completely; cut above the the thyroid cartilage. The bedroom about fourteen by fourteen. The floor received most of the blood, owing to the position of the body; still the body, also, the right hand, razor, and face, (ghastly and bloody,) were covered with blood. The amount of blood lost was at least sixteen lbs., (two galls.,) judging from the condition of the room. Eyes and mouth open.

Pus-Cells in the Atmosphere.

By Gerard Arink, M.D.,

Rochester, N. Y.

During the existence of an epidemic, the "conjunctiva blennorrhoïca," which occurred in the Foundling Hospital at Repy, a mile and a half from Prague, Dr. Eiseld had an opportunity of proving, in his own experience, that infection can be produced in other ways than by direct contact with the diseased party.

The attendance upon one hundred and thirty-one children, brought from different institutions to the above-mentioned city, was committed to him. He visited them twice a day, taking all possible precaution to prevent contagion, both in his own case, and in that of his patients; the cleansing and washing of the childrens' eyes was entirely given over to the nurses, etc., yet he soon became conscious of a pricking, burning sensation in his own eyes. The carunculi on both sides were red, and the whole conjunctiva palpebrarum was swollen; the plica semilunaris of the right side became livid, and so strongly œdematous that the motions of the bulbus became difficult; added to which, was a great discharge of mucous substances, causing the eyelids in the morning to be glued together. Here there was evidently a case of real infection produced without any personal contact. Many of the nurses also experienced the same symptoms without any explained or understood cause.

Dr. Eiseld obtained an instrument similar to the aëroscope of Pouchet, and experimented with it in a sick room, where thirty-three boys affected with the disease were lodged. He placed it between two beds, where a stream of air flowed, which air in its passage through the instrument was made to flow over a glycerine-covered piece of glass, to which any substances contained in the atmosphere, would be sure to adhere. This being accomplished, the piece of glass was withdrawn, and placed under the microscope, when pus-cells were easily discovered. This experiment was made at ten o'clock in the morning; and after the first stream of air had passed the aëroscope, the pus-cells, as stated, were found.

By this simple operation, Dr. Eiseld found a ready and very natural explanation of the cause of those cases of disease which had occurred, where there had been no touching of the patient, or contact with any blennorhoid secretion; the infection was caused entirely by contact with the air-suspended pus-cells. The editor of the Wochenblatt der Zeitschr. der Aerzte, in Wien, (No. 13,) out of which the above communication is taken, calls attention to the great results which may ensue from such investigations to pathology; especially in regard to the hitherto mysterious nature of all contagious diseases. With the design of obtaining more light on this important subject, many members of the Gesellsch. der Aerzte, have formed themselves into a society to prosecute, and publish the result of still farther investigations. We hail such a movement with delight. By the knowledge gained through

this simple experiment, we can easily account for the contagion of scarlatina, diphtheria, small-pox, typhus fever, measles, influenza, and even ordinary, so-called "cold in the head"—in all which cases, pus-cells, or particles secreted from mucous, pass off from diseased subjects into the atmosphere, and fastening on the healthy subject, or inhaled by him, produce in him the like disease. Hence we can understand, how readily a healthy person may contract consumption, or disease of the lungs, from sleeping with another thus diseased. These pus-cells in passing off from the sick lungs, are inhaled, received into, and, as it were, innoculate the healthy lungs, and thus disease is soon produced.

The beautiful Countess of F—— was the admiration of all Paris. She trod the airy walks of fashion, flattered, courted, and caressed—everything around her was superb, magnificent. Her house, equipages, dress, and jewels, were renowned for their costliness and splendor. All the world paid homage to her, she was the bright particular star in gay Parisian circles.

As she was quitting the opera one night, and about to step into her carriage, escorted by numbers, any one of whom would have been proud to do her slightest bidding, she felt the gorgeous diamond bracelet which she wore, unclasp, and fall from her arm, the next moment she beheld it glittering in the light of the many lamps, upon the pavement beneath; to stoop and re-possess it was the work of an instant—but what a fatal instant was that for her! for as she stooped, one of the horses attached to a carriage immediately in the rear of that of the Countess, bent his head towards that beautiful face—she even felt a moisture on her brow as she arose, gathered from his nostrils; alas! it was as a death-kiss—the beautiful Countess of F—— went home to die—in a few days she was a corpse. The horse which she thus came in contact with was diseased with the glanders, and the breath which he exhaled upon that fair face was doubtless charged with noxious pus-cells, which, received into her system, worked their poisonous effects in the fatal manner described.

If it be indeed a fact, as science would seem to teach, that contagion is thus disseminated by means of pus-cells in the atmosphere, it is also a precious fact that science gives us the means to destroy this deadly contagion. We have seen, and can testify to the blessed effects of fumigation by hypochloris calcius, CaO, Cl_2O, as a disinfectant, as well as the use internally and externally of the solutio hypochloris natricé. Most destructive to the existence of pus-cells in the atmosphere, we know these remedies must be, which is the reason, obviously, of their being such powerful disinfectants. We have seen frequently their excellent effects in cases of severe cholera.

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting of June 25, 1861.

Daniel Ayres, M.D., President.

PROF. LEWIS SAYRE'S

Case of Anchylosis of Left Hip-joint, the supposed result of morbus coxarius rectangular deformity; division of contracted muscles; brisément forcé; perfect relief.

H. F. Rowland, the patient in this case, is twenty-eight years old, and of pretty good constitution, which is the more surprising, when the amount of suffering and vicissitudes which he has passed through, within comparatively a few years, is duly considered. Aside from his local difficulty, he has successively suffered from dysentery, panama, typhoid, and yellow fever, and received his share of calomel, bloodletting, etc. At the age of eleven years he sustained an injury of his left hip, by wrestling, which lamed him for a month, but left him well. In the month of April, 1854, the present trouble was brought on by sleeping on damp ground in California. From inconvenience it grew gradually to severe pain in and about the left hip, and after three months he had to resort to crutches. The physicians he consulted, pronounced it rheumatism, prescribed sulphur, bi-chromate of potash and applied the actual cautery upon the left hip, and blistering. The pains, however, steadily advanced, and became so troublesome as to deprive him for months of rest and appetite. A large issue, kept open for five months, at the articulation had no better result than the former remedies, and thus he returned to New York, in a most painful and helpless condition. He visited different places, and received the attention of various medical practitioners, who all agreed upon the disease being in the left hip-joint. At last the neighborhood of that articulation became tumefied, swelled, and was eventually lanced, when about two quarts of matter followed by temporary relief, were discharged. Until the year 1856, from time to time, new fistulous openings formed, discharging profusely and eliminating small shells of bone. The muscles became contracted, the left thigh drawn up almost to

a right angle, and the articulation perfectly immovable. Hectic fever set in, reducing his body to a living skeleton; he was, moreover, troubled with cough, and with so persistent a constipation of his bowels that fifteen pills of Holloway, scarcely sufficed to procure relief.

In the following year the patient commenced the systematic treatment with cold water, from which he had derived great benefit. In fact the improvement commenced within a month. The heat in his hip diminished, the fistulous openings cleansed, their discharge became less, and in November of the same year he resumed walking. In 1858 the patient went South, was attacked with bilious remittent fever, and, on recovery, his fistulous openings closed permanently.

By taking good care of himself, and adhering to a generous diet, he gradually grew comparatively strong and robust, and has ever since remained so. This is substantially the history, communicated by the patient himself.

Dr. Sayre took the patient under his charge on the first of May last. The instituted clinical examination elicited the following: Multiple cicatrices about the left hip and along the thigh, drawn and fastened to the femur. The extremity greatly attenuated. The thigh flexed almost to a right angle upon the hip, and perfectly immovable. By moving the affected extremity, the pelvis follows. The flexor and adductor muscles firmly contracted, and of exceedingly firm structure.

When the patient assumes the erect posture, his foot is elevated thirteen inches from the floor. By means of a high boot he reaches the ground by bending the spine forward in its lumbar position. The pelvis is more inclined, but not tilted upward.

The awkward position of the patient, when standing or walking, could be realized from the diagrams exhibited by the doctor, (fig. 1 and 2)

Fig. 1.

Fig. 2.

As to the diagnosis of the case, Dr. Sayre had at first been undecided whether it had been simple rheumatic periostitis of the femur, or whether the joint had subsequently become involved and complicated the case. The evidences of the former were conclusive. But the anchylosis of the latter had necessarily perplexed him. He was fully aware that periositis of the upper half of the femur was apt to simulate some symptoms of hip disease, but would rarely produce the deformity so characteristic of this complaint, unless the joint itself had actually become implicated. That this was often the case the speaker had no doubt, and it was comprehensible from the fact, that the external layer of the articular capsule, was but a continuation of the periosteum. In the present case, the deformity widely differed from that of hip disease, and he had been inclined toward simple periositis, but for the existing anchylosis of the joint. In canvassing the various forms of anchylosis, Dr. Sayre had found that it might be simply fibrous adhesion, or partial or complete bony union of the articular faces, compatible only with a previous affection of the joint itself. On the other hand the joint might be fixed and rendered immovable by osteophytes entirely extraneous to the joint, and otherwise perfectly intact. This form of anchylosis might be the result of periostitis only. He had decidedly been inclined to take this view of the case, but the trial alone could decide the correctness of his conjecture, and the patient was willing to submit. On the 8th of May, and in the presence of Drs. Barnatzky, Cleveland, and other professional gentlemen, he had subcutaneously divided the entire group of flexor and abductor muscles, the patient being, of course, under the full influence of chloroform.

The Dr. had, thereupon, repeatedly tested the strength of the articular impediment, and signally failed by gentle, gradual, and steady extention. Giving, however, the leg a powerful and sudden motion, the osteophytes gave way, when the extremity could at once be extended and rotated without further restraint. A rough grating was only then noticed when the leg was flexed, and the fragments of the fractured osteophytes again brought in contact.

Thus the diagnosis of previous simple periostitis, was placed beyond doubt. No reaction followed this rather violent proceeding. For a short time the limb was kept extended by pulley and weight, afterwards by the hip-splint, with which the patient already, in the fourth week, could take open air exercise, and now, about two months after the operation, he walked, supported only by a cane. He had no pain whatsoever, the motions of the joint, although quite free within the former position, were yet weak, owing to the previous myotomy. The extremity had, within half an inch, acquired its full length, and Dr. Sayre thought this deficiency might, eventually, become corrected by the division of the tendo achillis, the gastrocnemio soleus muscle being evidently tense.

Dr. Sayre concluded by stating that the *brisement forcé* of the hip-joint was, in Europe, no novel operation, having been repeatedly performed by Buchring, Langeubeck, Ross, Levissier and others, yet he was not aware that any surgeon had preceded him in the same on the American continent.

As to the present state of the patient vide fig. 3.

Fig. 3.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of Medical Journalism.

By O. C. Gibbs, M.D.,
Of Frewsburg, N. Y.

TREATMENT OF ASPHYXIA.

In the *Berkshire Medical Journal* for April, (which, by the way, has but just reached us, and where are the subsequent numbers?) Prof. W. H. Thayer has an article upon the treatment of asphyxia, the main point in which we consider worthy of redevelopment here.

In cases of suspended respiration, from whatever cause, it is usually directed that the heat of the body be kept up by artificial means during the period of the asphyxia; after the respiration is established, it is usually supposed that the requisite warmth of the body will be provided for by the natural forces. Prof. Thayer takes issue on this point, and says the body should be kept considerably *below* the natural temperature *until* respiration is restored or established; then the heat of the body should be provided for—in other words, the enfeebled heat-developing forces should be aided by warm clothing, etc. In proof of his positions, he refers to experiments by Buffon and Le Gallois, also by Sir Astley Cooper, in which it was found that animals died much sooner in water at or above blood heat, than in water thirty or more degrees below it. Dr. Thayer quotes also two or three authorities in support of his views. We make one or two short extracts:

"The surface of the body should be kept cool until respiration is re-established, in order that as little as possible of the oxygen that remains in the system may be consumed."—*Braithwaite's Retrospect, Part V., p.* 48.

"To *elevate* the temperature, or to accelerate the circulation, without having first secured the return of respiration is therefore not to save, but, in reality, to destroy life."—*Ibid, Part XXXIII., p.* 88.

We believe Dr. Thayer's views to be correct, and we have certainly put them, or, rather, similar opinions, in practice in certain cases, for several years past. In the first three or four years of our practice we were in the habit of placing all still-born children, that gave any promise of restoration, in a warm bath, and we do not now remember having seen one such restored, that was not actually breathing more or less distinctly at the time. Since those first years our practice has been different. If there be pulsation in the cord, we do not separate the child from the mother until respiration is established or the pulsation ceases. Artificial respiration is attempted by the very easy method of elevation and depression of the shoulders. At each elevation, (we mean carrying the shoulders towards the head,) a dash of cold water is poured upon the chest or head. The elevation and depression are made with regularity, and at about the usual intervals of natural respiration. The cold dash is equally regular, and is simultaneous with the elevation movement. If there is no pulsation in the cord, we give the child a few dashes with cold water, and if the respiratory effort is not commenced at once, we separate the child, place it upon a table, and commence artificial respiration, either as above, or by Marshall Hall's method, accompanied still with the cold dash as before. As soon as breathing is established, a well-warmed flannel blanket is in readiness to receive the child, and we consider a few drops of warm sling no detriment at this time, and before commencing with the washing and dressing, which is a severe and fatiguing ordeal for a feeble child. By such means we are confident we have seen a goodly number of children saved, that, by the warm bath, would have been surely lost. We have had the happiness of seeing the maternal eye—wet with weeping—kindle with joy and gratitude at the sound of the first faint gaspings and still feebler cry. When the mother has given up in despair, supposing that she has suffered all the pains of parturition and is still childless, and

has taken a sorrowing look at the dead product of her labor, it is no mean joy to be able to make her suddenly happy by handing her a living child—blood of her blood—that she can regard in no other light than as a resurrection from the dead.

A case in point occurred to us only last week. After a rather tedious labor, during the last six hours of which we were in attendance, a male child was born. There was no signs of life, and we did not remember having noticed the least evidence of motion during any period of the labor. The cord was wound around the neck, also around the leg. Liberating the child from these entanglements, there was still found to be no signs of pulsation—in fact the cord was as flacid as though it never had carried blood. The child gave no unnatural appearances at birth, and we commenced with our efforts as hinted above. Gradually, slowly, and almost imperceptibly, the surface of the body grew faintly dark, darker, and still darker, until the hands, feet, lips, neck, and face were almost black. The mother watched all this, and now she and friends gave up all hope, and the mother was in the agonies of one bereft of her child and her hope. This change of color was our encouragement, for it gave us the evidence that the child had not been *long* dead at least. True, the encouragement was but faint, for the change of color, besides the above, only gave evidence of the continuance of a *chemical* change. The oxygen was being exhausted, and the arterial blood converted into venous. When the very dark color was reached, a new discouragement was upon us, for it showed that the oxygen was nearly or quite exhausted, and if we were not quite too late, there was at least but a few moments left to us. Those moments we presumed upon, and tried to improve to the best advantage. Soon a faint gasp brought to our eyes tears of joy, and in less than half an hour we had the satisfaction of handing over to the nurse a living, breathing, *crying* baby.

Such results are not novelties in the hands of good physicians—the idea we would urge is, that, had the child been put in a warm bath, it is more than probable the result would have been different. In the experiments of Sir Astley Cooper, a puppy immersed in warm water died in less than *twelve* minutes; another, of the same age, immersed in cold water, lived *thirty-four* minutes. In the case we have given above, the child was virtually immersed in a cold bath, and yet the color of the skin, before the first respiratory effort was made, showed that the oxygen of the blood was nearly or quite exhausted; a few seconds more, without a respiratory gasp, and death would have been complete. Had the warm bath been used, this condition of deoxygenation would have occurred two-thirds sooner, or in one-third the time, and before the elapse of the remaining time, death would have been complete, and the child beyond all human powers of restoration.

BLOODLETTING IN PNEUMONIA.

In regard to the propriety and utility of bloodletting in inflammations in general, and in pneumonia in particular, there is a great diversity of opinions held by different members of the profession. There are, *first*, those who believe that bloodletting is judicious in nearly all cases of inflammation, not actually of a decided typhoid type. They believe that disease has not changed its type, and that bloodletting is as much demanded now as at any former time. They are willing to admit that bloodletting may have been formerly too much employed, but, at the same time, they are confident it is now by far *too little* used as a therapeutic measure.

There are, *second*, those who believe that the fathers in the profession were right—that free and repeated bleedings were actually demanded to subdue inflammation, but that now, because of a change of the type of diseased action, bloodletting is seldom or never necessary. In their opinions physicians were right fifty years ago, and are right now upon this subject. There is a *third* class, who believe that bloodletting is seldom necessary now; they believe that diseased action is the same now that it was fifty years ago, and that the free and repeated bloodlettings then employed were uncalled for and injurious, as well as based upon incorrect observations and false notions of pathology.

It is interesting to listen to the teachings of those who, for the last fifty years, have closely observed the condition and tendency of diseased action. Before the Berkshire Medical Society, as per report in the April number of the *Berkshire Medical Journal*, the learned and venerable Dr. Alexander H. Stevens made a few remarks upon the treatment of pneumonia, and the change of type in diseased action. Dr. Stevens belongs to the second class of physicians as given above; he believes that the type of disease is materially changed. Formerly he was in the habit of bleeding, and, he thinks, with benefit, in diseases that now do not tolerate bloodletting at all. In regard to the time of change, we make the following extracts: "I am, and ever have been, of spare habit of body; my weight is about 130 pounds, and was about that in the winter of 1814, when I had an attack of pneumonia. I lost about *sixty ounces* of blood, and felt that each of the three bleedings I underwent did me good. In the year 1815 I had charge of a military hospital, in which were received twenty or more cases of pneumonia. In these cases the serum of the blood was tinged with bile. The disease was new, and afterwards called bilious pneumonia, was well described by Dr. Gallup. It would not bear more than one bleeding. This was the first I saw of the change which has been gradually taking place since that time from a

sthenic to an asthenic disease. I no longer, or very rarely find, at the present time, the indications for bleeding as laid down by John Hunter and other observers." Formerly, he says, they were present in nearly all acute diseases.

In regard to the treatment of pneumonia, we stand committed to the opinion that bloodletting is seldom or never necessary. We have not bled a case of pneumonia in the last eight years, nor seen occasion to regret the omission. For nearly four years past, we have not only omitted bleeding, but we have placed nearly all our cases of inflammation of the lungs at once upon quinine and opium. To those who are in the habit of relying, in such cases, upon the lancet, antimony, calomel, etc., this will, doubtless, seem hazardous treatment; but, in the four years, we have not lost a patient with pneumonia, under seventy years of age, and we have seen several recoveries in persons considerably older, as well as in very young children—cases that, under our former methods of treatment, we think, would have died.

Ten or twelve years ago, under bloodletting, antimonials, calomels, etc., our patients were seldom discharged before the end of the third week, and often not until the fourth. Now, it is an exception if he is not discharged by the tenth day. Usually, under from three to five grains of quinine, with five of Dover's powders, with the addition of a little morphine, so as to bring the dose of the opiate up to an equivalent to from one to two grains, repeated every three or four hours, the pulse will come down from 110, 120, or 130, to 80 or 90, in the first twenty-four hours; the cough will become less frequent and less tight, and the patient will break out in a profuse sweat. Formerly, we were in the habit of using small doses of antimony and Dover's powders, until the skin became a little moist before using the quinine. Now, we thiuk there is no surer or quicker way to get a cool and moist skin than to give quinine and opium in combination, as above, and repeat at rather frequent intervals. This spring we treated quite a number of cases thus, with such uniform results that we often surprised the friends by predicting the exact daily decrease of the pulse, the day of commencing convalescence, and the probable day of discharge. During last winter, we treated a very severe case of double pneumonia, and another in May last. Both recovered. When the symptoms were alarming, and death seemed imminent, the influence of the remedies was positive. In these cases, the chlorate of potash and veratrum viride were additions to the medicines alluded to above.

In the winter of 1857 and '58, we commenced treating pneumonia with quinine, etc., omitting bleeding. We were not aware that such treatment had been employed or advised, except in cases of malarial or typhoid pneumonia. Dr. Cartwright, of New Orleans, claims to have been the first to recommend quinine in pneumonia, which he says he did in the *Medical Recorder* for April, 1826. Dr. W. T. Howard, of North Carolina, in an able paper upon *malarial pneumonia*, denies this claim, and avers that the quinine treatment was practiced in some instances, both at home and abroad, anterior to that time. Dr. T. J. Cogley, of Madison, Ind., in 1857, recommended the use of quinine and capsicum in pneumonia. Several others have done the same, in papers, which we have not the time now to hunt up and specify. We have carefully examined all the papers within our reach bearing upon this point, published anterior to 1858, and, if we rightly remember, in all cases where quinine has been recommended in pneumonia, the cases have been regarded as *typhoid* or *malarial*.

We have just been making an observation which, we think, has a bearing upon the idea under consideration. We saw a case last night of diphtheria, in a patient aged about thirty-five years, a man, and a hard laborer. The patient had been sick about a week; there was considerable fever present, pain in the head, etc. The throat presented the pecular appearance of diphtheria; the tongue was heavily coated, and as black as charcoal, and the pulse at 100. Twelve miles from our residence, we were urged to stay with the patient over night, who was greatly alarmed, and did so. We gave three grains of quinine, and one-sixth of a grain of morphine, and repeated every three hours during the night; also, a tablespoonful of a saturated solution of the chlorate of potash every three hours. This morning the pulse was at 80, and the patient said he had *sweat profusely* all night. We ordered the medicines to be given at intervals of four hours, instead of three, with the addition of fresh meat, broths, and egg-nogg. We shall expect the patient to be fairly convalescent in three days. This case, and we might cite hundreds similar, goes to show that quinine is a sedative of no mean importance.

QUININE AS A PARTURIFACIENT.

The *Cincinnati Lancet and Observer* for July, contains the proceedings of the Union Medical Society, at Knightstown, Ind. Dr. Cochran reported an obstetrical case, in which the patient was exhausted, and the pains had ceased for some time. He gave ten grains of quinine at one dose, which was speedily followed by strong pains and the birth of the child. It should be observed that the parturient properties of quinine have several times been under discussion previously before this society. We abstract an opinion or two of other members elicited in the discussion. Dr. Canada said, "It could not always be relied on; but he viewed it as the most reliable parturient remedy we have." Dr. Cronse thought that "when quinine was given in proper doses, it rarely disappoints."

On a former occasion, Dr. John Lewis said, "When I find a patient in labor, with a rigid os uteri, a tense pulse, and dry skin, I always give quinine freely, use dry cups over the sacrum, and the warm foot-bath, and expect the os uteri to relax, the pulse and skin to soften, the uterine contractions to increase in frequency and force, as surely and as certainly as I would nausea to follow the exhibition of ipecacuanha, or purging from jalap."

Bearing upon this subject, we may mention that Dr. J. S. Rich, of Georgia, in the *Charleston Medical Journal and Review* for March 1860, reports several cases of uterine hemorrhage of alarming character that were speedily relieved by the use of quinine, after the failure of all other known means. Prof. Edward Warren, now of Baltimore, says "we have found nothing more likely to produce abortion in pregnancy than the administration of large doses of quinine." Several others have ascribed to it abortive powers, when administered in full doses. It is quite possible that it may be found to be a valuable parturient remedy, though in any ordinary doses we do not believe, as an abortive agent, it is at all to be feared.

RENNET-WHEY AS AN ARTICLE OF INFANTILE ALIMENTATION.

In the *Lancet and Observer* for July, Dr. C. A. Logan has an article upon the above subject. After some remarks upon artificial feeding, he says: — "For infants within three months, who have unfortunately been deprived of their natural aliment, and especially for those whose stomach and bowels have become so irritable from the unnatural cramming of improper food, that they can digest nothing, however simple, I have found the *rennet-whey* to be a most satisfactory food, being easily assimilated, meeting the requirements of the system, and allowing the impaired or lost digestive tone to be restored to a normal condition. The method of preparation is, to heat perfectly pure and sweet milk to a temperature of 120°, and to each pint, drop in a piece of rennet about the size of a pea. When coagulation of the casein ensues, strain through a coarse cloth, sweeten well, and it is ready for use." Young children, as well as young calves, will, we think, flourish better on pure milk, diluted, if need be, than on whey.

We grant there may be conditions of disease in which the whey might be appropriate; but, as a common article of diet, we are hardly prepared to believe that it is better than milk. It is well known to dairymen that rennet separates not only the casein, but the butter, and we cannot see how milk robbed of its butter and cheese can be very nutritious. In cities, where pure milk is not always easy to be got, and where the injuries arising from artificial feeding are at their maximum, it may be interesting to know that some physicians even consider whey better, as an article of diet, for young children.

TREATMENT OF EPILEPSY.

In the *Lancet and Observer* for July, Dr. R. E. Haughton, of Richmond, Ind., has an interesting article upon epilepsy. We quote a remark or two in regard to treatment. Of the various narcotics used, he says he has "derived no benefit from any save stramonium. Chloroform, he thinks, is quite equal to any of them. Nitrate of silver and sulphate of zinc have been worthless in his hands. The hydrocyanate of iron, while it has strengthened the constitution, has not accomplished in his hands what Prof. McGugin's papers upon this subject had led him to expect. The tincture of veratrum viride did much good in one case, by controlling the circulation, and thereby quieting the nervous excitability." In conclusion of the subject of treatment he says, "One thing I have to suggest in the treatment of this disease, and it is the use of strychnia, or some of its preparations. I used it in one case with apparent benefit, but not sufficiently long to effect paramount good. As there is, without doubt, an excessive irritability of the nervous system and brain, and the result of this excitability being debility, this remedy appears to me to be quite well adapted to the treatment of many cases of this disease, particularly of those in which no organic changes are detected as going on in the brain. It is particularly a tonic to the nervous system, and through it must act upon all the functions of the system. Conjoined with it may be given other tonics, which are known to be of benefit."

We have had but very limited experience in the treatment of epilepsy, and yet, on theoretical grounds, strychnine has suggested itself to us as an important remedy in this disease, and we have, on several occasions, suggested the remedy to our medical friends, as one worthy of a thorough trial. We hope it may be put to the test thoroughly. We shall hope much from it. There is another remedy that we would suggest, and that is the syrup of the hypophosphites. As a brain and nerve tonic, we think this remedy will be found valuable.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D. }
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, JULY 27, 1861.

PROFESSIONAL HOBBIES.

Whether all professional men have their hobbies or not, we neither know, nor is it important for us now to inquire. Individual instances there are enough to answer all the purposes we have in view.

Rev. Mr. Trueman, a pious, godly man, is a thorough bred Calvinist, and such is his desire to save his own flock from wrecking their faith on the fatal shoals of Arminianism, that this great fundamental doctrine of the Bible, as he terms it, is the burden of his thoughts, his prayers, and his sermons; while his neighbor, Mr. Zeal, no less godly or zealous, abhors Calvinism, and as assiduously doses his parishioners with Arminianism. Mr. Worldly Wise treats his hearers to a religio-political hash on each successive Sabbath, while Mr. Wet Eyes directs the sympathy and attention of his flock to the wrongs, and sufferings, and woes of the poor down-trodden slave. Now, all these are various phases of clerical life, so to speak, which may be, and doubtless are, the offspring of principle in the minds of those who entertain them, but they are nevertheless hobbies, sanctified, it may be, by the sacredness of their subjects, but yet hobbies which the owners may ride too far and too long.

Clergymen, then, have their hobbies. Lawyers may have theirs, for aught we know. Politicians certainly have their hobbies, and ride them too most successfully, often reaching the goal of their ambition astride of the "tariff," "abolitionism," or the "negro" himself. So, also, physicians have their hobbies, not so conspicuous in the "public eye" indeed, as are those of either of the other classes mentioned, but still rightly denominated hobbies.

As each successive spring returns to open its budget of green herb and flower, to deck the winter-wasted fields, and to bring again the warm and invigorating breeze to fan the fair face of revived nature, Dr. Sanguinoso performs the circuit of his large professional parish,—humanity beaming from his countenance,—to tap the veins of those who enjoy at once his confidence and science, as a sovereign preventive against the aches and fevers that lurk in the miasma around them. Concealed within the substance of every organ of the body; hiding itself in the bony walls which encase the brain; disguising itself under the garb of debility, Dr. Sanguinoso sees inflammation rearing its hydra-head in every direction. To cool the feverish brow, to quench at once the latent fire that threatens to burn the system up, or yet to raise the patient up from the bed of death, no remedy so potent, none so important as the abstraction of blood. Whatever form of disease may invade the human system, *prima facie* the cause of it is an excess of the vital fluid in the part affected, *ergo* venesection is the sovereign remedy. Be ye bled and live, refuse and die. The lancet is Dr. Sanguinoso's hobby.

Dr. Spinoso on the other hand regards the nervous system as especially the seat of disease. Those little filaments, he will tell you, the telegraphic wires that connect the brain and spinal marrow with the outer world, so sensitive that the least touch of the extremest point sends a thrill through the whole man; this delicate network, that spreads itself all over the human body, sending out its tiny fibrils to all the outposts of nature, as sentinels, never sleeping, but ever on the watch to guard against approaching danger, these are the seats of disease in the system. The excited outpost carries along its track the seeds of discord and anarchy to the great nervous centres, the brain and spinal marrow, and back again to its own, and perhaps the locality of its fellow, the news of distress within. Hence mustards and cataplasms, sacrificators, cupping glasses and blisters, veratrum, assafœtida and valerian, are the hobbies on which Dr. Spinoso rides into professional life.

But to Dr. Billioso the idea that the nervous system is the head and front of offence in the system is not only absurd and ridiculous, but exceedingly unphilosophical. Healthy digestion, he will tell you, results in the entire health of the system. But digestion cannot be properly performed without bile in appropriate quantity and quali-

ty. This we cannot have without a healthy condition of the liver and biliary organs. Hence if they are diseased the whole system must of necessity suffer, *vice versa;* and if there be disease in the system it must result from an affection of the liver. Hence, Dr. Billioso finds none but "bilious" affections in his practice, and his opinion is, that if physicians would attend more to the liver and less to the nerves, they would not only find less neuralgia among their patients, but have far better success in their practice. And hence, too, whether there be endemics or epidemics, fevers or inflammations, sporadics or contagions, no matter, the color of his eye-balls tells the story of his invariable diagnosis, and the size of his saddle-bags bespeaks his inevitable prescription.

But, perhaps, these instances are sufficient to show that medical men have their hobbies, and ride them too. A favorite theory of disease, says Dr. Viroso, a long practiced method of treatment—a theory which, established in our younger years has become part and parcel of our manhood and age, a theory which we claim to have been the result of close study and minute investigation for years of our lives, is not easily upturned by the thousand and one "upstarts" of mushroon growth, that bob their brainless heads in the face of *age* and *experience.* Age and experience, and careful investigation, are not to be thus easily booted off the track. Time hallowed theories are not to be exploded thus easily by the half fledged sycophants that hang upon the skirts of the great science of medicine. Medicine is the same yesterday, to-day and forever. It changes not as you take off and put on your daily dress. It has its phases, but not its changes. Men cavil at its principles, assault its citadel, and fancy they have destroyed the old temple and built a new one in its place, but they have daubed with untempered mortar, which will quickly fall away, they have planted a terrace, or set a cornice which will crumble into dust, and only make more conspicuous and beautiful the glorious, complete old temple of Hippocrates, Esculapius and Galen. But my good friend Dr. Viroso, did this grand old Temple which you, only in common with all the votaries of the healing art admire and revere, spring in full-orbed perfection from the hands of the venerable Father of Medicine, as did Minerva from the brain of Father Jupiter. Did he not rather lay its deep foundations; draw, as with the practiced eye of an experienced architect, the fullness of all its elegant proportions; carry up its walls even to the full height of the crowning cap-stone, and then leave the work to be completed in cornice, in architrave, in dome, and in adornment without and within, to those who succeeded him in his labors. So we think, and while we join with you in deprecating any attempt to mar the fair proportions of our venerable temple, we ask you to join with us in commending the energy and industry of the medical Praxiteles who adorns its columns, its porches, and its altars, with the evidences of superior workmanship and skill. Let our temple be adorned with all the skill of the past, the present, and the future. If an unsightly excrescence, like the hobby of Dr. Billioso, or Dr. Spinoso, or Dr. Sanguinoso appears, let the keen edge of the skilful architect pare it away to its just proportions; not destroy it, by no means, but leave it to occupy only its appropriate place in the great temple of medical science. He who will may ride his hobby, and he may fancy his antiquated, exploded, or modern notions to be the *summum bonum* of the medical profession, or the sum and essence of medical science, but yet the crucible of truth will test his merits, turn his hobby topsy turvy perhaps, or appropriate its bones more likely to the adornment of the Temple.

Correspondence.

Morris, Ill., July 15, 1861.

Messrs. Editors:—In the Reporter for July 6th, you call attention to "gelsemin," and ask for the preparation and dose.

I have had no experience with gelsemin, but have used, for the last four years, the saturated tincture, prepared by macerating four ounces of the root of the yellow jesamine (gelseminum sempervivens) in a pint of diluted alcohol.

I have used it in acute gonorrhœa, gleet, spermatorrhea, and leuchorrhea, with decided benefit. It may be combined with any of the ordinary remedies, in doses of twenty or twenty-five drops, four times a day.

A pretty full and reliable description of the remedy and its properties may be found in King's *American Dispensatory*. It has been, for many years, constantly and successfully used by the eclectics.

In all the fevers incident to this climate, I consider it invaluable. In bilious fevers, I give it, in doses of from ten to twenty drops, every one or two hours, according to the urgency of the case, or just enough to keep up the peculiar effects of the medicine, which are first manifested by indistinct vision and drooping of the eyelids, and combine it with quinine and cimicifuga during the remission. This course will break up uncomplicated cases of intermittent and remittent fever in one or two days.

On the 26th of last month, I took charge of a patient from the camp at Cairo who had been suffering with typhoid fever for three weeks, with restlessness, slight delirium, hemorrhage from the bowels, etc. I prescribed—

℞.—Quinia sulph., - - gr. xx.
Acid sulph. arom., - ℥ ss.
Tinct. gelsemin., - - ℥ ss.
Tinct. cimicifuga, - - ℥ i. M.

Of this, twenty drops were given every hour in half a wine-glass of lemonade. On the next day, the nervous excitability was diminished, and a free perspiration established. This treatment, with injections of cold water and frequent application of the towel-bath, was continued, gradually lengthening the interval between the doses for five days, when the fever and all the grave symptoms had disappeared.

Last year, a severe case of sciatica, of long standing, and which had resisted various other methods of treatment, yielded to tinct. gelseminum and tinct. cimicifuga, in equal parts, and given in half-drachm doses once in three hours.

I have found it useful in dysentery, checking the hemorrhage and quieting the pain more effectually than opium.

I use it in convulsions of infants and adults, in hysteria, dysmenorrhœa, and whenever it is desired to relax the muscular system without producing nausea, and to overcome irregular nervous action.

John N. Freeman.

NEWS AND MISCELLANY.

Dr. A. S. Oberly, of New Haven, Connecticut, has received an appointment in the United States Navy.

We observe that the following surgeons and nurses of this city have volunteered their services, and already left for the seat of war, to attend upon the siuk and wounded: Drs. Jas. Heritage, T. S. Reed, John Gegan, Jr., John Sterling, D. Jameson, Jr., and William P. Henry. Mr. and Mrs. Savery.

Surgeons B. Buckstone, A. Allen, and A. A. C. Williams, who volunteered to go with the Fire Zouaves in the late battle at Manasses Junction, were taken prisoners.

The Bulletin, imitating its neighbor of the *Inquirer*, copies portions of our article on "City Hygiene" without giving due credit therefor.

To Correspondents.

☞We cannot too strongly urge all our correspondents to write plainly, if they expect their manuscript to be printed correctly. Cross all your *t*'s, dot all your *i*'s; be specially careful in writing all technical terms. If you are in doubt about the word yourself, don't leave the printer or editor to decide for you, but go to the dictionary. Look out for words that appear nearly alike when written as *then* and *there*, *when* and *where*; be sure and make an *s* at the termination of a word when you want it there, not a mark or quirl merely to show your own doubt about it. In fine, prepare your manuscript for the press; place every word in just the position you desire to see it in type; make every sentence complete before you send it to the Editor; don't ask him to do what you can do better yourself.

Errata.—Despite our diligent attempts to prevent it, several vexatious typographical errors occur in the last article of Dr. Garretson, July 20. On page 347, first column, second sentence, first line, read "their" in place of "this;" second column, last line, read "there" instead of "then;' fifteenth line from top, read "have" instead of "are." On page 348, twenty-sixth line from top, read "well" instead of "will." Page 349, fourteenth line from bottom, first column, read "character" instead of "history;" twentieth line insert "his" between "that" and "tumors;" second column, ninth line from top, read "fortunately" instead of "unfortunately;" last line, same column, read "alveolus" instead of "alveolar." Page 350, third line from bottom, read "alveolus" instead of "alveolar."

Communications Received.

Connecticut—Dr. W. C. Bell, Dr. Elijah Dyer, Dr. W. W. Clapp, Dr. H. L. Burpee, Dr. A. S. Oberly, Dr. B. H. Catlin, Dr. George E. Palmer, Dr. S. L. Chase, with encl. *Delaware*—Drs Jump & Jones. *Illinois*—Dr. J. N. Freeman. *Maryland*—Dr. D. W. Maul. *Massachusetts*—Dr. B. H. Hubbard, Dr. Wm. E. Rice, Dr. Marshall Calkins, Dr. B. F. Wilson, Dr. W. W. Comstock, Dr. E. N. Jones, Dr Wm. O. Johnson, Dr. P. L. Nichols, Dr. S. F. Parker; Dr E. Somerby, with encl.; Dr. Abr. Thompson, with encl. Dr. Geo. Hutchings, with encl.; Dr. A. Proctor, with encl.; Dr. W. Bushnell, with encl.; Dr. David Thayer, with encl.; Dr. Geo. W. Dennit, with encl.: Dr. R. Goodale, with encl.; Dr. C. Edwin Miles. with encl.: Dr. Ward E. Knight, with encl.; Dr. E. Jarvis, with encl.; Dr. C. R. M. Steadman, with encl.; Dr. C. Wesselhoeft, with encl.; Dr. Benj. Cushing, with encl.; Dr. Jonathan Ware, with encl.; Dr. C. C. Holmes, with encl.; Dr. J. H. Warren, with encl.; Dr. Nathaniel Green, with encl.; Dr. S. E. Francis, with encl.: Dr. D. Youngman, with encl; Dr. Geo. Heaton, with encl.; Dr. E. S. Warren, with encl.; Dr. J. H. Gilbert, with encl.; Dr. N. G. Tirrell, with encl.; Dr. F. Foster, with encl.; Dr. E. Stephenson, with encl.; Dr. J. E. Horton, with encl.; Dr. J. R. Morse, with encl.; Dr. E. S. Willard, with encl.; Dr. W. E. Rice, with encl.; Dr. R. Proben, with encl.; Dr. S. Richardson, with encl.: Dr. D. T. Huckins, with encl.; Dr. A. Hosmer, with encl.; Dr. Wm. F. Tewton, with encl.; Dr. Saml. Warner, with encl.: Dr. F. W. Palmer, with encl.; Dr. E. Worcester, with encl ; Dr. J. W. Willis, with encl.; Dr. Josiah Brown. with encl.: Dr. B. F. Green, with encl.; Dr. I. T. Braman, with encl.; Dr. C. L. Spencer, Drs. Hooker & Macomber, Dr. W. H. Channing. *Michigan*—Dr. L. D. Tompkins. *New Jersey*—Dr. Thos. J. Yarrow, with encl.; Dr. E. P. Nichols. *New York*—Dr. Geo. T. Elliott, Dr. Springstead, Dr. G. D. Crispell, Dr. Geo. Ellis, Dr. O. C. Gibbs, Dr. Louis Bauer, (with adv. and com.) *Ohio*—Dr. Edward B. Stevens, Dr. D. R. Kinsell, with encl.; Dr. A. H. Stevens, Dr. H. P. Wilson, Drs Pearce & Smith, Dr. E. Spooner, Dr. W. R. Bricker. with encl.; Dr. B. F. Barr. *Pennsylvania*—Dr. H. P. Dutcher. Dr. G. F. Hoop, Dr. F. Ridgeley, Dr. J. M. Stevenson, with encl ; Dr. S. H. Shutts, Dr. John W. Eldred, Dr. Lewis Van Sickle, with encl.; Dr. Alfred Brace, Dr. Samuel Pollock. *Rhode Island*—Dr. John De Wolf, Dr. Samuel Carpenter, Dr. H. King, Dr. S. F. Stone. *Tennessee*—Dr. Thomas M. Woodson. *Vermont*—Dr. S. R. Day, with encl.

Office Payments—Dr. L. R. Kirk, Dr. Markley. Per Swaine: Drs. Egbert, Parker, Witling, Elliott, Poor, Winterbottom Heaney, Thompson, Reed.

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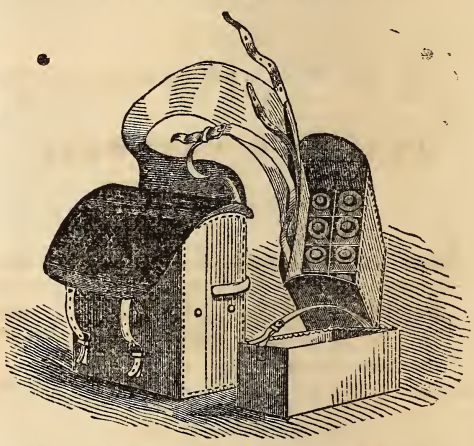

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" "	1		Mortar,	"	"	$19 00
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" "	1		Mortar,	"	"	$15 50
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" "	10	½	oz.	"	" and	
" "	4		Pots,	"	"	$12 00
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" "	1		Pots,	"	" and	
			Mortar,	"	"	$20 00
No. 2, containing	7	1	1½	oz.	Ground Stop.	Bottles,
" "	14	1	oz.	"	"	
" "	14	½	or.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$16 50
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" "	14	1½	oz.	"	" and	
" 4	4		Pots,	"	"	$13 00

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 250. PHILADELPHIA, AUGUST 3, 1861. NEW SERIES, VOL. VI. NO. 18.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 332.)

Surgical Diseases and Accidents—Syphilis; or the Venereal Disease.—This disease, it is stated, was brought by the returning soldiers from the seige of Naples. In our condensed and general view of this subject, it obviously resolves itself into two great divisions: Local and Constitutional.

When local, it consists of four varieties of sores or chancre.—1st, Follicula; 2d, Phagedœnic; 3d, Indurated; 4th, Simple Abscess or Furunculus.

Follicular, on the first day, appears as a small pimple; on the second or third day, becomes open pureform. It is inflamed red as scarlet. Do not use nitrate of silver in this state, as it will produce phagadœna. The proper treatment is to bleed, purge, low diet, applying cold locally unless it should produce chills, then use warm fomentations. When the inflammation has been reduced, destroy by local caustics; the best of these is argentic nitratum, and dress with lint dipped in water, with aromatic wine.

If it refuse to heal, edges open and everted, there is a want of healthy plasma; use half a grain hydrargyri protiodiedi night and morning; black wash, and pure port or aromatic wine as local stimulants.

Stop the mercurial when the gums are sore; if it purge or gripe, combine opium or lactucanim with it. If the patient is feeble, use ferri tart. gr. vi., twice or three times a day; take care that the mercurial is not employed to excess, from ʒss. to ʒj. is usually sufficient. If it produces fatigue, large red blotches on the skin, pains in the bones, stop its use.

2d.—Phagedenic is of two kinds, white and black sloughs; dependent always upon some constitutional vice, as scrofula, intemperance, syphilis, etc.

Do not purge, starve, bleed, or use mercury, unless combined with tonics and stimulants, as Peruvian bark and its salts, iodid of iron, potassium, oil jacoris, etc. Locally, rest position, yeast poultice, equal parts, tinct. iodine and alcohol, sulphate of copper, or, when it is melting away, apply collodion to exclude air, but no warm or greasy applications.

To remove smell and restore tone, apply a wash of liquor soda ch. or solution of chloride of lime.

Constitutional.—3d. Indurated lump under the skin, or ulcer with hard base. Rely on constitutional treatment. Locally apply dry powder, as calomel, with opium or morphia; no greasy application. Require two to six weeks treatment, use mercury; the bi chlorate of mercury is one of the best preparations to employ some time; use it until the hardness is gone, and for two weeks after.

4th.—Furunculus, boil, or abscess. In its first stage, treat it in same manner as an ulcer; but you will find it not so easy to cure. Always attend to the condition of the constitution. Employ mercury until the ulcer, if open, is disposed to heal. After it has healed, use the mercurial as long as it took to heal it, to prevent secondary symptoms. If unable to salivate with the bi chloride or the iodid, employ the cinnabar by fumigations, by placing it on a heated iron weight or piece of iron, and placing a funnel over it, and inhaling it with the vapor of water.

Secondary symptoms of Hunter; Tertiary of Ricord, first bubo or purplish tumor in groin, one or both, even without sore on penis; but we are more certain of its nature when there is an ulcer on the penis, and can trace its history from impure connection.

Treatment:—Keep the patient in bed, leech, purge, low diet; employ the mercurial for two or three weeks, apply ung. hydr. to the swelling. If this fail, and suppuration is likely to ensue, apply blister, mercurial plaster, tinct. iodine and alcohol, equal parts. If suppuration is still likely, open it. Puncture it with a lancet, and give the mercurial in tincture of bark. After puncture, use dry and aromatic wine, with poultice of flaxseed meal. Open all sinuses, apply sulphate of copper, and pare off the edges of the wound, and again apply lint, with aromatic wine.

Neglected or improperly treated bubo is followed by other secondary diseases, as ulcerated sore throat or tonsils, skin diseases, syphilitic eruptions. 1st, Roseola syphilitica; 2d, Vesicular do.; 3d, Rupia do.; 4, Lechen do.; 5th, Tubercula do.; caries of the bones of the nose, head, and jaw.

In the treatment of almost all skin diseases, is by changing the condition of the blood by sulphur, vapor, and warm baths three times per week.

℞ Potasii iodii gr. v., in a large tumbler of water or hop tea, three times a day; or the hydr. bi chloridii, given in officinal solution, with decoction of guaiacum; or, best of all for skin affections, is the decoction of Zillman.

Its mode of preparation is as follows:

Decoctum fortior.

℞.—Sarsaparillæ radicis concisæ, ℥ iv.
Aquæ fontanæ, - - Ō xxiv.
Coque pér quartam horæ partem,
Aluminis et adde.
Sacchari albi, āā - ℥ vj.
Hydrargyri chloridi mitis, ℥ iv.
Antimonii oxysulphureti, ℥ j.
In nodulo ligato, sub fine coctionis admisce.
Sennæ foliorum, - - ℥ iij.
Glycyrrhizæ radicis, - ℥ iss.
Anisi seminim.
Fœniculi seminim, āā - ℥ ss.
Decoque ad octaria, - - xvi, et cola.

Decoctum tenue.

℞.—Decocti fortioris residui.
Sarsaparillæ radicis, - ℥ vj.
Aquæ fontanæ, - - Ō xxiv.
Coque, et sub fine coctionis, adde
Pulveris corticis citronum.
Pulveris cinnamomi.
Pulveris cardamomum, āā ℥ iij.
Glycyrrhizæ radicis, - ℥ vi.
Decoque ad octaria, - - xvj, et cola.

After a dose of calomel and jalap pills, drink from a pint to two quarts a day, in the morning taken warm and in the evening cold. In ulcerations of the throat, use the same treatment, applying solutio argenti nitratis ℈ij. to f ℥ j. water. In the case of condylomatous tumors around the anus, cut off and apply calomel and powdered gum Arabic or chloride of zinc in solution. Venereal warts on penis, which look like raspberries, cut them off, or apply nitric acid with a piece of wood, or nitrate of mercury or silver with dry lint. Larvated or masked cancers or ulcers in the urethra, if not cured by injections, use Lallemand's port caustic.

In syphilitic caries, use constitutional treatment, and treat locally in the same manner as when arising from other causes.

General Nature and Treatment of Wounds.—In our observations on the preparatory steps previous to and during an engagement, we dwelt upon the great importance of the tourniquet and its proper construction. The following observation of the great military surgeon, Hennen, should be carefully looked to by the field-surgeon:—"The straps of the screw-tourniquet, usually put in instrument-cases, are often defective, and their buckles unsafe; they should be carefully proven before using, lest they should give way at a critical period of an operation. The clumsy pieces of leather, added to some, are entirely useless; but a small, neat pad, secured with a bit of tape, may be retained." He also recommends the tenaculum of Assalini and the artery-forceps, with a slide.

The wounded, after a general engagement, may be calculated at the rate of two per cent.; see, therefore, that no wounded man bleeds to death for want of a tourniquet. In a large body of troops, wounds of all kinds occur, being received both in and out of camp; we shall, therefore, enter upon, first, the

General Consideration of Wounds; but especially those received on the battle-field; and we sincerely trust that the humane surgeon will never hesitate to carry the comforts of this noble art into the very midst of the combatants, and that our government will reward such acts of bravery. Let no one enter the service because it is free from danger; for, if the surgeon will do his duty, he must accompany his regiment until the action commences, and then

only retire to some comparative place of safety.

Several instances are on record in which the medical officer has been killed in discharge of his duty upon the battle-field; and others in which, on the death of the proper officer, the medical man has not hesitated to take command, and faced the batteries of the enemy.

Cooper defines a wound to be a recent solution of continuity in soft parts, arising from an external cause, and generally disposed to bleed. There are exceptions to this definition, as, for instance, muscles are lacerated by their own contraction, and the integuments are pierced by the projection of fractured bones through them. Wounds are devisable into various classes—first, according to the agent producing them; second, the character of the wound; third, the location in which it occurs. They are also divided into the simple and complicated. The simple meaning merely division of integuments; the complicated are accompanied with injuries to blood-vessels, nerves, luxations, and fractures.

The danger of wounds depends, first, on their size—the larger the more danger. If a wound, for instance, is six or eight inches long, it is always dangerous to life, as erysipelatous inflammation is liable to set in. Second, upon the weakness or strength of the organization of the parts involved. In bone, cartilages, and tissues of low organization, they are ten times more severe than when occurring in skin, muscle, etc. Third, upon the importance of the organs involved. Those of the vital organs are apt to be followed by death. If it be in the head, and confined to the cerebrum, patients often recover; but, if the base of the brain or cerebellum, the patient is almost sure to die. A shot in the stomach is ten times more dangerous than in the intestines. Fourth, upon the kind of blood-vessel wounded; if an artery, there is danger of immediate death from hemorrhage, unless the vessel is ligated, or can be impressed; still the danger is greater, in prospect, from a lacerated vein, as phlebitis or metastatic abscess may ensue. Fifth, on the diathesis of the patient, always ascertain, if possible, whether the wounds of your patient bleed profusely or suppurate much, instead of healing kindly. Some patients are very prone to inflammatory action. Sixth, upon the age; youth is more favorable for operations; after fifty, there is greater danger of non-union in extensive wounds.

The causes of death in wounds are hemorrhage, tetanus, traumatic or symptomatic fever, erysipelatous inflammation, hectic fever, gangrene, and metastatic abscess. This latter occurs, after amputations, in the head, chest, or abdominal viscera. If there be pain, loss of respiratory murmur, and dullness on percussion in the chest, you are apt to have a local abscess forming. No matter how extensive or trivial a wound may be, treat it carefully as soon as called to it; obey the injunction of Assilini, and "neglect no wound." Dress wounds lightly; use but little grease, or bundle it up in charpie; apply dry or wet lint in cold water; if that is disagreeable, use the water tepid or warm. If you are called, and you find the wound filled with salves, etc., wash all off clean; let the wound lie open until it shines like varnish, from the exudation of true plasma; then apply the water-dressing.

When there are no foreign bodies present, you should always endeavor to unite wounds by immediate or mediate union; by so doing, you save your patient time, pain, and deformity. If the wound contains a foreign body, wash out the wound clean, and rather induce suppuration, that the pus may wash it out, for, if you close it too soon, the dirt, glass, wood, shell, or cloth, will cause the cicatrix to remain tender, and suppuration comes, long after, to discharge the foreign body; wounds are divided into different classes, and first of these are—

Incised Wounds.—They are solutions of continuity made by sharp-cutting instruments, which make a smooth cut, and hemorrhage is the great danger to be guarded against. The direction of the cutting-instrument is important. In large wounds of the thigh, if the cut be across the limb, the wound will gap. This gaping of wounds depends upon a variety of causes; in this instance it depends upon muscular contraction, hence, in your treatment, pay attention to position. In the case of superficial wounds of the skin, it is the organic contractility of the part which makes it gap.

There is apt to be a great amount of blood escaping from a fresh incised wound, which depends upon the kind and size of the vessel involved; if it is arterial, it escapes in jets, which you can count. There is no steady stream, and the blood is of a bright red hue. If it is of a mixed character, arterial and venous, the jets have a purplish hue.

If there is a profuse bleeding from a great number of small vessels, and you cannot dis-

tinguish the kind, from which it escapes, ligate the limb between the wound and heart with the torniquet or handkerchief, and twisted stick. If it be arterial, it will cease; if it be venous, oozing will still continue. Apply ligature to arteries, and employ compression with styptics to veins.

Treatment of incised wounds in the skin apply adhesive strips, supported by compress and bandage.

The amount of blood lost will depend upon the character of the wound in the artery. A transverse cut of an artery bleeds but little; a round one, made by a puncturing instrument or an oblique or longitudinal one, will bleed much more freely. In the first, contraction and retraction prevents the bleeding, hence, inquire into the history of the case, and know the instrument with which the wound was inflected, this will give you the key for your action. If it is a stab, there is no time to be lost. Incised wounds are accompanied with great pain, and pain produces restlessness, which induces nervous irritation and fever, and fever causes suppuration, hence allay this by narcotics.

Hemorrhage from Wounds.—Arrest the bleeding; that done, and you have time to reflect. What is next to be done? Nature does it in some cases; if she does not, the surgeon must do it for her. In extensive wounds the patient often bleeds until fainting upon the battle field, and this is the basis of our treatment in internal hemorrhage, arising from wounds of the stomach, lungs, or intestines; prevent reaction from taking place too soon by keeping the patient in an upright position, so as to aid nature. When an artery is cut across it contracts, and thus diminishes its calibre, then it retracts or shortens itself, and becomes lost in its sheath, the syncope makes the circulation slower, and a clot forms at the divided end, and blocks up the artery. There is an external clot which forms between the artery and its sheath, and an internal clot forms in the calibre of the vessel. These clots become organized in time, and become absorbed, if a small vessel. If it is a large one, it remains for life a fibrous cord. The small vessel is absorbed to the first anastomosing branch, as the current of blood washes it off above. This is important to know, as you should never ligate near an unastomosing branch, for when the ligature comes away, the blood from behind will wash out the clot, and secondary hemorrhage comes on, because the clot was feeble, being so near a branching artery.

To stop bleeding from a wounded, temporal artery, cut it across that it may contract. In nine out of ten cases no clot will form unless you do so. In round or oblique, or longitudinal incisions, the patient dies from false aneurism or false exhausting hemorrhage.

If a soldier be shot and the ball has passed through the lungs, he falls, becomes almost pulseless, and no blood escapes from the external wound. Look carefully to him, as he is bleeding internally. Lift him up that he may faint; the circulation ceases a moment or so. Nature takes advantage of this cessation, and a clot forms and blocks up the vessels, which also contracts. If, however, he is a vigorous, powerful man, and lifting him in the upright posture fail to make him faint, bleed him from both arms until he does.

Afterwards be in no hurry to induce reaction. It will do him no harm to let him remain four or five minutes; if, however, he does not resuscitate, then dash cold water in his face, employ dry friction to the skin or mustard cataplasm, and give him fresh air. After treatment, place him in a cool, dark room, so that the secretions will readily pass out of the wound, which dress lightly; keep him very still. Give him but little fluid, employ tincture veratrum viride or digitalis, with opiates, to keep down the force of the circulation. If high fever come on, bleed him, and give him arterial sedatives, with small doses of calomel, and tarter emetic.

When all these means fail, in hospitals and armies they have an instrument to produce hemorrhage, in the French army. It has been found useful in internal hemorrhage and apoplexy of the lungs or heart. It is a copper air-pump with an India rubber receiver. The receiver is bound on the leg and a vacuum by means of the piston is formed. The blood rushes into the limb, and it swells in two or three minutes to fill the vacuum. Thus a powerful revulsion is produced from the bleeding part. It was invented by a Frenchman, and is employed in the French hospitals.

When the vessel is accessible, in wounds of cavities or extremities, we have certain mechanical means to arrest the hemorrhage.

To be Continued.

Pathology of Pulmonary Tuberculosis.

By A. P. Dutcher, M.D.,
Of Enon Valley, Lawrence County, Pa.

PART FIRST.

Pulmonary Tuberculosis, Phthisis, and Consumption, are terms by which is implied the wasting of the body from the effects of a disorganizing process going on in the lungs. This disorganization owes its origin, not to any inherent disease of the lungs themsleves, but to the deposition of tubercular matter, and the changes which that matter undergoes, and the effects that it produces upon the surrounding tissues. In a word, it is a great constitutional malady, which plays its most prominent part in the lungs. In order, therefore, to understand the changes that occur during the progress of this disease, it will be necessary to describe the nature of tubercular disease in general.

Tubercular formations occur at all periods of life, from the most tender infancy to the most decrepit old age, and cause about one-third of the mortality of the human race. There is scarcely an organ in which tubercular matter may not be deposited. It is, however, most commonly found in the lungs, bronchial ganglion, mesenteric ganglion, small intestines, and pleura, and is usually deposited in two forms—the *gray* and the *yellow*.

The *gray* variety is, by far, the most common of all tubercular deposits. It is usually of a round shape, but may be more or less flattened, according to the degree of compression exerted upon it by the parts in which it is situated. In volume it varies, from a pin-head to that of a pea. In number, they may vary from one to many thousand. In their early state, they are perfectly isolated; but, as they augment in number, they gradually approach each other and ultimately coalesce. In this manner, large masses are frequently formed, varying in density from the consistence of recent lymph to that of fibro-cartilage. Tumors of this description seldom exceed the dimensions of a walnut; but they may attain the bulk of an orange, or even the head of an infant. This form of tubercular deposit is most commonly found in the lungs.

Yellow tubercles have the same general forms and relations as the gray, but are commonly larger and less firm, and are more often grouped so closely, by fusion, that they make up nearly uniform tubercular masses, half an inch or more in diameter; at least, they assume this form in the lungs. They are usually pale yellow or yellowish white, opake, friable, dry, and cheesy. It has been generally considered that this form of tubercular matter and the gray, merely represent two stages of the disease. This opinion, in the majority of cases, is undoubtedly well founded; thus, gray tubercle, in the process of its development, as it approaches to softening, usually assumes a granular appearance, and may be converted into the yellow variety. But, on the other hand, we also meet with tubercles of the yellow variety in, apparently, the very earliest stage of development; hence there can be no doubt that this variety can exist primarily, since, from the very commencement, granules are separated from the tubercular mass, as from gray tubercles.

Minute Structure of Tubercles. — The minute structure of both forms of tubercular matter are the same. When examined by the microscope, they are found to be composed of—

1. A transparent, amorphous, viterous stroma occurring in large masses, which perfectly resemble coagulate fibrin.

2. Minute granules, varying from the 800th of a line in diameter to imperceptible minuteness, chiefly of a roundish form, and occurring in large masses of a brownish color.

3. Imperfectly-developed cells and cytoblasts, with or without nucleoli. These cells are generally very imperfectly developed, and a distinct nucleus can seldom be recognized. Their size usually varies between the 400th and 300th of a line, their diameter rarely attaining to the 200th of a line. They are very accurately delineated in the following figures:

Fig. 1. Fig. 2.

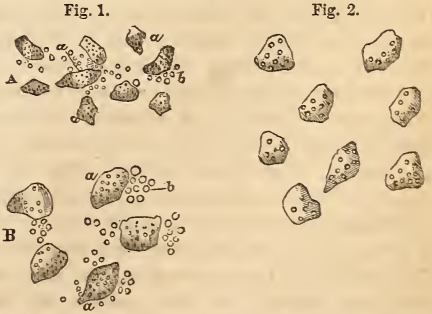


Fig. 1.—A, tubercular cells magnified 400 diameters. B, the same cells magnified 600 diameters. The cells are designated by *a*, and the granules by *b*.

Fig. 2.—Tubercular cells rendered transparent by acetic acid.

Mingled with these, and varying according to the situation and circumstances of the tubercles,

various other, but accidental substances are often found, such as elastic fibres, degenerated epithelial cells, various degenerated products of inflammation from the adjacent parts, granule-cells and pus-cells, molecules of calcarious matter, or of pigment and crystals, especially of cholestearine. These different elements occur in individual cases in very different proportions. Sometimes the epithelial cells predominate; sometimes the common pus-cells; then, again, we will find almost the entire mass composed of tubercular cells and granules. Sometimes the calcarious granules will be in excess, with other degenerated products.

Fig. 3.

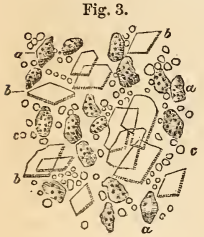


Fig. 4.

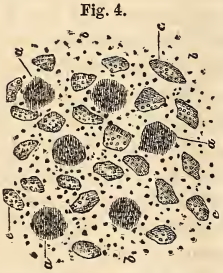


Fig. 3.—Cretacarious Tubercles; *a a*, tubercular cells; *b b*, crystals of cholesterine; *c c*, granules of tubercles.

Fig. 4.—Tubercular matter mixed with melanosis; *a a*, melanotic globules; *b b*, melanotic granules; *c c*, tubercular cells.

Chemical Composition of Tubercle.—The chemical composition of tubercular matter has been studied with no very satisfactory results. The greatest diversity of opinion prevails on the subject. Dr. Hatch found, on analysis of one hundred grains of dense tubercular matter, the following proportions:

Albumen,	26
Gelatine,	22
Fibrine,	34
Water,	30—100

Simon found one hundred parts to contain:

Water,	84.27
Fat containing cholesterine,	1.40
Spirit extract of salts.	1.52
Caseous matter with water ext.,	1.14
Water extracts and salts,	3.80
Insoluble constituents,	4.44
	100.

Legendre found in one hundred parts:

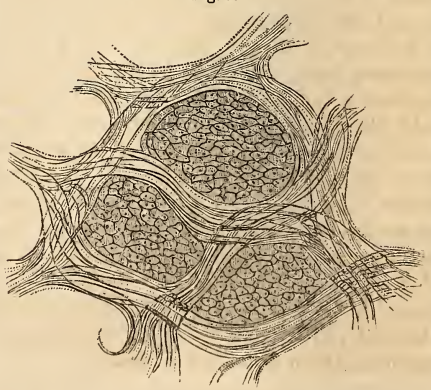
Water,	66.67
Albumen soluble in water,	5.08
Cholesterine,	14.38
Gelatine,	.25
Sulphate of Lime,	.75
Fatty matter,	1.70
Membrane on coagulated albumen,	11.07
Loss,	1
	100.

By comparing these tables, the reader will see quite a different result in the three analyses, and this may be accounted for on the supposition that the chemical constituents of tubercular matter varies, as it no doubt does, not only in the different stage of its existence, but also in different individuals, in different situations, and in different parts of the same organ. It may also be inferred, that it is modified, more or less, by the state of the solids and fluids, or by the constitutional peculiarities leading to its formation.

But so far as chemical analysis can be relied upon, we may infer that there are not less than seven constituents entering into the composition of tubercular matter previous to the stage of softening, namely, albumen, casein, fibrin, pyin, fatty matter, salts of soda, lime, and a peculiar substance called tuberculin.

Its Place of Deposit.—Tubercular matter is most commonly deposited in the cellular tissue of the lungs. It may also be seated on the free surface of the mucous membranes of the bronchia and other tissues of the body. In whatever organ of the body it is met with, if mucous tissue enter its composition, that tissue is either exclusively affected, or more extensively than any of the other component tissues. In the lungs it manifests a decided predilection for the mucous texture of the air cells. At first it is deposited in small portions, which become nuclei for the concretion of more; a new habit or mode of nourishment is established at the spot, and the result is, that the tubercle increases in size until it becomes ripe.

Fig. 5.



When they become fully developed, they rarely exist long in any part of the body without exhibiting some change in their appearance. They soon loose their semi-transparent appear-

ance, and become of an opaque or dead color. This change usually begins in the centre of the mass, apparently because, being void of blood-vessels, the centre is further removed from the vivifying influence of the blood. But it should be remembered that tubercles are frequently deposited, at the very first, in the yellow opaque state—this condition being the mark of a very low degree of action in the nutritive functions; and the very worst form of tuberculous diseases are commonly the result of this state of the system. When the gray tubercle turns to the yellow, it becomes quite soft. This is the commencement of a change to which all tubercular matter tends, namely—

Maturation and Softening.—This generally occurs in the following manner: The central part first becomes soft, so that, when cut across, it looks cracked and crumbling, and may be pressed away from the surrounding firm part, leaving a little central cavity. In the second place, it becomes liquid, like thin pus, with flakes or gumous particles in a pale yellowish, turbid fluid, and as the change makes progress, the whole tuberculous mass may be reduced to the same liquid state. The usual sequence of the liquification of tubercle, is its discharge from the tissues enclosing it. This is accomplished by ulceration—a consequence of inflammation in the tissues over the tuberculous matter—and resembles that for the discharge of common pus.

When the liquified matter is discharged through the integuments, it leaves a cavity or vomica. When a cavity of this description is formed, it will either be enlarged by the formation and discharge of fresh tuberculous deposits adjacent to it, or it may be healed, by its boundaries being infiltrated by the products of organizable inflammation. But alas for mankind! the latter result does not often occur. At the borders and base of the cavity, we most commonly find secondary tubercles which follow the same course of the primary, liquify, and are discharged into the cavity, which they thus increase by adding their cavities to it. When these cavities are very numerous, and situated in vital organs, they produce wasting of the body, with hectic fever, night-sweats, and diarrhœa, which terminate in death.

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The Twenty-Eighth Session of the Scientific Congress of France is to be held at Bordeaux on the 16th September proximo.

On Coca Leaves.

By J. F. Maisch.

The object of this paper is to call attention to the peculiar properties of the leaves of Erythroxylon Coca, Lamarck, a South American shrub, which is largely cultivated there, the leaves having gained an importance in several states of South America, which, I think, ought to induce physicians and, at the present time, surgeons of the army and navy to test, under their own careful supervision, the well-authenticated power of preserving human life and strength without any other food. It has been ascertained, and is proved by the testimony of many travellers and physicians, residing in the above-named countries, that the Indians and the workingmen, who are subject to great hardships, chew the leaves habitually, in connection with the alkaline ashes of some plants, or with a little lime, and are thereby enabled to endure fatigues without food or sleep which would seem impossible, if the facts were not substantiated by so many learned men. The following contains some of these facts, as related by Tschudi, Poeppy, Weddell, Scherzer, Valdez, and Montegazza.

Tschudi employed an Indian for excavations for five days and five nights in succession, who, during this entire time, eat no food and did not sleep but two hours at night; immediately afterwards, he accompanied his employer, who was on horseback, and travelled on foot, in two days, a distance of sixty-nine English miles. During all this time he merely chewed coca, and then expressed his willingness to endure the same hardships again, provided he was supplied with these leaves.

An Indian, in the employ of Scherzer, travelled the distance from La Pazto to Taena, 250 English miles, in four days, then, after resting one day, returned in five days, over a mountain 13,000 feet in height; he partook of no food except coca and some roasted maize.

During the wars in 1817, when the Spaniards were cut off from all supplies, and had to be constantly prepared for fight, they subsisted almost entirely on coca, thereby retaining their vigor, and preserving themselves from starvation and annihilation by a vigorous foe. The horses of travellers, who are accompanied through the deserts by Indian guides on foot, who chew their coca, frequently break down on hot days from exhaustion, when their guides are still able to travel many miles. The

miners, amid deadly metallic exhalations, and in an unfavorable climate, preserve, by coca, not only their strength, but also their health; and the bearers of burden travel through marshes and over steep rocks, where horses and mules cannot go.

The Austrian frigate Novara, brought, some years ago, from her scientific expedition, a considerable quantity of coca leaves, with which it was intended to experiment in the army and navy. Nothing has been made public of the results of these experiments, but it is possible that, in another European war, these leaves may exercise a decided influence on the results of battles.

Propositions have been repeatedly made, in Europe, to introduce them in the navy, and cause emigrant and other ships to supply themselves with coca, so that the crew and passengers, in cases of accident or disaster, may, by keeping up their strength, have increased chances of being ultimately saved.

The dose of coca leaves is about one drachm, which is increased in the most fatiguing hardships to not over half an ounce, and is renewed after two or three hours. Persons unaccustomed to it require less. Dr. Montegazza chewed, in one day, two ounces and a quarter of coca, and, after sleeping three hours, required no food for forty consecutive hours, without experiencing any loss of vigor; he found them act alike in Italy, as he had observed in Bolivia.

In the latter country, an infusion of coca is employed by the inhabitants in indigestion, colics, flatulency, hysteria, and various other diseases. This infusion has not the property of supplying the place of proper nourishment, but it is not improbable that it may be imparted to it by the addition of an alkali.

From *all* reports by reliable learned men, it seems evident that coca may become a valuable medicine, and that it deserves, at least, a trial in an army of several hundred thousand men, who are exposed to all the hardships incidental to war, in a warm climate, to which they are not in the least accustomed. It must be mentioned that coca has no injurious influence on the health and life, as the Indians of Peru frequently live to the age of 130 years; but an excessive indulgence, like all excesses, undermines the bodily strength, and hastens the individual to an untimely grave.

Bibra estimates the yield of coca leaves at thirty millions of pounds annually, and the consumers at ten millions.

Medical Societies.

PHYSIOLOGICAL AND THERAPEUTICAL PROPERTIES OF THE VERAT. VIRIDE.

Read before the Dubuque Medical Society at its semi-annual meeting in July, 1861, and published by request of same.

By G. M. Staples, M.D.,

Dubuque, Iowa.

I propose this evening to briefly call the attention of the Society to some of the physiological and therapeutical properties of the verat. viride.

This article of the materia medica is comparatively new to most of the profession in our country, while our brethren in England and upon the continent, have been, until recently, quite ignorant of its valuable properties.

Thirty or more years ago, Prof. Tully, of New Haven, was in the habit of recommending its use; and in 1835, Dr. Osgood, of Providence, whose attention was called to this drug by Prof. T., published the results of his investigations in the "American Journal of Medical Sciences;" yet the profession neglected it until after the publication of Dr. Norwood's papers, about the year 1850, and even then it was several years later before it came into extensive use.

So tardily were its merits recognized, that Prof. Dunglison in the last issue (1856) of his "New Remedies" failed to record it; and we may, perhaps, be safe in assuming that the veratrum viride has attracted general attention only during the last five or six years.

This article, known by the common names of *Indian poke*, *poke-root*, *swamp*, or *American hellebore*, belongs to the natural order *melanthaciæ* or *colchicum tribe*. It has been thought by some, especially European physicians, to be identical with the veratrum album of the Alps and Pyrenees, and, on account of the violent and uncertain action of the latter they have looked upon the American hellebore with disfavor. Although the physiological action of these two species is in some respects similar, yet it is in the main, quite as different as that of veratrum album and colchicum antumnale. So far as I am aware, no other active principle than the alkaloid veratria has been found in the American hellebore, the same which exists in the European variety. The effects of colchicum were long supposed to be due to veratria until the peculiar principles, colchicia, was detected, and in like manner it is not improbable that further analysis may discover in the veratrum viride some new agent.

The American hellebore is primarily a cardiac and nervous sedative, and secondarily, diaphoretic, diuretic, alterative, expectorant, emetic, hypnotic, and rarely cathartic. The

first appreciable effect of a dose of the medicine in health is a reduction of the frequency of the pulse and respiration, accompanied by a feeling of languor and indisposition to exertion, with a desire to sigh. If carried farther, the pulse and respiration are still more reduced, nausea and vomiting supervene, with profuse diaphoresis, increased urinary secretion, and a feeling of utter prostration referred to the præcordia. In disease, its influence as a nervous sedative is more apparent in allaying nervous irritability, while it displays its alterative effects in improving the secretions, rendering the mouth moist, and increasing eliminative action.

The prostration, which is rarely considerable until vomiting supervenes, rapidly disappears if the medicine is discontinued, or administered at sufficiently long intervals, and in such doses as to allow the circulation to be revived. It is well known that the emesis is readily controlled by chloroform internally, opium and stimulation. As the debilitating effects of the drug are thus readily controlled, it has become a subject for inquiry whether it may not in a majority of instances be substituted for the older and more permanent depressants. Certain is it that those best acquainted with its therapeutical effects are most lavish of their encomiums, and employ it in a wide range of disease. Unquestionably accelerated circulation plays an important part in the causation and perpetuation of disease. Wherever sthenic inflammatory action exists, it is doubtless a necessary concomitant, if not a sine qua non of such action. The possession then of an agent as manageable and potent for its arrest as are the breaks upon a railway train for their specific purpose, would be an acquisition not easily estimated. My experience with the American hellebore satisfies me that we have in this drug an agent, which enables the physician to maintain for an indefinite time, complete control of the nervous and circulatory systems, and furnishes an important desideratum long felt in materia medica.

The diseases in which it has been more generally prescribed are pneumonia, pleurisy, acute bronchitis, peritonitis, puerperal fever, puerperal convulsions, acute rheumatism, neuralgia, and scarlatina. Its therapeutical properties justify the belief that it might be advantageously used in all inflammatory affections of the brain and its membranes, in certain forms of hysteria, irritative fevers, delirium tremens, and it has been suggested in hydrophobia.

Its employment in another class of diseases has been questioned. Veratrum has been condemned in some of our eastern hospitals in asthenic cases attended with much prostration, for instance typhoid fever, on the ground that "we have already a weak, feeble pulse, and the veratrum would only make it weaker." Now, any observer who has carefully noted the action of the hellebore has discovered that the pulse as it was reduced in frequency became fuller and stronger, while the fact that it causes nervous sedation should not be lost sight of. It should also be borne in mind, that the views of modern investigators in reference to the agency of the nervous system in pathology and therapeutics, essentially modify the treatment of disease. It is a fact well known to all pathologists, that similar phenomena often attend totally opposite conditions of the brain, for which no satisfactory explanation has been given. Prof. Wood suggests an analogy in the phenomena of electricity. Positive and negative electricity both produce attraction and repulsion, the spark, shock, and chemical decomposition.

There are functional derangement, watchfulness, etc., attendant upon super-excitation of the brain, while the debility and depression of the nervous system which explode into delirium tremens are followed by kindred phenomena. But in either case the continuation of the disturbance enhances the primary affection, and by so much removes the system from convalescence.

Take now typhoid fever. True there is a rapid feeble pulse, but the very excitation and irritation which grow out of the cerebro-spinal debility and increased vascular action perpetuate the disturbance, augment this very debility, and wear out the system by excessive friction. In this condition of things, as Dr. Woodward justly and concisely remarks in an able paper to the "Philadelphia Medical and Surgical Reporter for Nov. 3, 1860," "the secretions are locked up; the brain is oppressed; the heart and lungs are laboring to free themselves from the tension to which they were subjected. Now, here is a condition in which remedies cannot act; but if we can subdue this nervous exaltation, the system becomes relaxed, the secretions are restored, the circulation and respiration become slower, fuller and stronger, the lungs oxygenate the blood more completely, and nutrition and depuration, which had before been impossible, allowed to go on." I have seen typhoidal cases where the morbid action had continued for weeks with the pulse from 110 to 130, speedily convalesced on reducing the cardiac pulsations by veratrum to 70 or 80 per minute. It is not to be denied that the medicine may be carried sufficiently far to occasion a dangerous and even fatal depression, but it is generally inconsiderable until the circulation is brought below the normal standard, and emesis promptly furnishes intelligence of its approach.

It is due, however, to candor to state that some eminent authorities have quite condemned the use of veratrum. Dr. Charles A. Lee, in an article upon veratrum, recently published in the *Journal of Materia Medica*, asserts that "the same objections will apply to it as have been brought against aconite, namely, the difficulty of regulating its effects, and its *dangerously-de-*

pressing influence even in small doses. From what we have seen and know of its use," he continues, "*we have little doubt that it has caused more deaths in one year than chloroform has since its discovery;* and the cause of death has been scarcely less apparent;" which, of course, means the afore-mentioned dangerously-depressing influence of the drug. This is news, indeed, to us Western practitioners, and the conviction forces itself upon us, that Dr. L. has been experimenting with a novel kind of veratrum, which has not yet found its way to prairie-land. We and our medical friends have extensively prescribed it for a number of years to patients, from infants of a few weeks to old age, and thus far we have never seen an instance nor met with a reported case where veratrum viride proved fatal. The nearest approach to one, is a case communicated to the Reporter for June 9, 1860, by Dr. Foreman, of Hoboken, N. J. His patient was taken in labor of fourteen hours duration on the morning of the 19th of May. During the night of the 21st puerperal fever, then epidemic, set in, which Dr. Lee, by the way, calls a "*pyogenic affection,*" where he would be quite unwilling to exchange opium for veratrum. She was treated liberally with opiates till the evening of the 23d, with a rapid increase of the gravity of the symptoms, the pulse reaching 160. At 9 P. M., 5 drops of the tincture verat. virid., half the strength of Norwood's tincture, were given; at 11, 10 drops; at 1, 4 drops; at 3, by mistake, 25 drops, and at 5, 25 drops, making 70 drops in eight hours, fifty of which were administered in about two hours, fully four times as much as would be regarded heavy dosing in her case. Four hours after the last dose of this medicine, which is as "dangerously-depressing *even in small doses,*" when the mistake was discovered, the condition of the patient was alarming, with incessant vomiting, and a respiration of only twelve in two minutes, although the pulse was sixty-six. Ten minims of chloroform by mouth, instantly controlled the vomiting, and under stimulation all unfavorable symptoms, induced by the medicine, disappeared in four hours. The patient had a return of some febrile action, which was controlled by veratrum and morphia, and she made a good recovery.

Dr. Lee regards venesection and antimony safer, more manageable, and more reliable modes of treatment, when anti-phlogistics are demanded. If now, by mistake, he should administer four times the usual dose of antimony, or take two quarts instead of a pint of blood, especially in a "pyogenic affection," would the resulting depression be more readily controlled, or easily recovered from than in the above case, where this "dangerously-depressing agent" was used, which has caused more deaths in one, than chloroform has the world over in fourteen years, and if he should prescribe eight grains of opium instead of two, might he not furnish possibly, even with this favorite remedy of his, an opportunity to some jury to record a verdict of "Died by the visitation of God?"

In the absence of a better hypothesis we submit the following as the law of its action, by which it may be serviceable in cases of debility, under certain restrictions, and at the same time valuable as an anti-phlogistic. *The administration of verat. viride, carried to a limited extent, allays by its action upon the cerebro-spinal system, nervous and circulatory excitability, and places the system in a favorable condition for recuperation; another degree produces profounder impressions by attacking the sympathetic system, which presides over secretion and nutrition, inducing sedation and constitutional depression, evinced by the rapid waste, emesis, diuresis, and profuse diaphoresis.*

Where there is high febrile action, with a quick, full pulse, it is best to produce a decided impression upon the system, by bringing it as speedy as possible under its influence. It is not well to stop short of free emesis. We have found the interval between the doses laid down by authorities rather long in such cases. The drug will display its effect in an hour to an hour and forty minutes. Last winter my boy, two years of age, while convalescing from scarlatina, overloaded the stomach, and was exposed to a current of air which checked cutaneous secretion. Febrile action set in, with a restless night. On the following day the tongue was covered with a white fur, no appetite, great thirst, hot, dry skin, and by six, P. M., pulse one hundred and fifty, and respiration thirty-six. Three drops of Tilden's fluid extract of veratrum were then given in sugared water. At eight there was less restlessness, and the pulse was somewhat reduced, when three drops more were administered. Ten minutes before nine the pulse rapidly sank to seventy; at nine, it reached sixty, and vomiting commenced briskly. Fifteen minutes past nine, the pulse stood at forty-eight, the lowest point, full and strong; the respiration was twelve, the surface cool, and bathed in perspiration. Vomiting continued for an hour and a quarter, with but little cessation, when the patient fell asleep, and rested finely the entire night. Nothing was given to arrest emesis. There was copious secretion from the kidneys during the night and the following day. The child, though weak, required no further treatment, and speedily recovered.

I have found the hellebore serviceable in bilious remittent. If the febrile action is high, it may be given, in connection with a brisk cathartic, so as to reduce the circulation by the time the latter operates upon the bowels. Antiperiodics may then be administered, with a reasonable prospect of causing the disease to abort.

It has likewise proved highly serviceable in the eclampsia of childhood from teething or intestinal irritation, when the convulsions continue after the bowels have been deterged.

In hysteria* it has appeared beneficial in our hands after all approved modes of treatment had failed, in cases where the proximate cause of the paroxysms had disappeared, and still an hysterical disposition remained.

Veratrum is rendered more active and efficient in various diseases by admixture with other medicines. Thus in acute arthritic complaints, veratrum and colchicum, form a useful combination; veratrum, antimony and ipecac, in the first stages of pectoral disease, and in the latter veratrum, squills and seneka; in cerebral affections hellebore and aconite, and in cardiac hellebore and digitalis.

The usual forms prescribed are Norwood's tincture, and Tilden & Co.'s fluid extract. Dr. Lee informs us that the solid extract has been considerably used by New England physicians in doses of one-fourth to one-half a grain every four hours. Norwood's tincture is made by macerating eight ounces of root in a pint of alcohol, while every fluid ounce of Tilden's represents an ounce of the crude root. We have found a medium dose for an adult male, in an acute case, four to six drops of Tilden, and five to seven of Norwood every two hours. Generally the third dose is required before the system comes well under its influence. If, as will rarely happen, the action of the heart becomes irregular, without much reduction, the medicine should be discontinued and quinine and stimulants administered, or if it purges, demulcents and opium are required. We believe, in conclusion, that few physicians who understand the virtues of veratrum viride are willing to dispense with its use.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting of June 25, 1861.

Daniel Ayres, M.D., President.

Case of Cardiac Disease; Atheromatous Degeneration of Arteries; Emphysema of Lungs; Fatty Degeneration of Liver and both Kidneys; Large Biliary Calculus, obstructing the neck of the gall-bladder, etc.

From an exhibition of morbid specimens by Dr. Bauer, taken from an elderly lady, lately deceased, the following objects of interest presented themselves:

1. The heart is considerably increased, both in size and weight; the walls of the left ventricle measure nearly an inch in thickness; the papillary muscles are highly developed, and evidently larger; the mitral and aortic valves are thickened and opaque, but still pliable; the ostia are of ordinary size.

2. Fragments of the aorta and smaller arteries exhibit soft, probably fatty atheromatous deposits, with evident loss of elastic properties of the arterial coats.

3. A fragment of the liver, to which the gall-bladder is attached, shows the marks of advanced fatty degeneration, being almost soft, and of a pale color. The gall-bladder is distended to its utmost capacity, and its contents prevented from escaping by a round biliary calculus, tightly fitting into the neck. Pressure upon the fundus does not effect the discharge of the liquid.

4. Lungs are moderately emphysematous, otherwise healthy, but seem to have been slightly compressed by the heart.

5. The kidneys are in a state of moderate fatty degeneration; their anatomical structure can be still discerned by the naked eye.

In addition, Dr. Bauer had found the liver greatly enlarged, so as almost to reach the spleen. The latter was of ordinary size, its capsule readily pealing off, and its parenchyma rather soft. At no place had he met with an unusual degree of venous hyperæmia; nor were the subcutaneous veins in any way distended. The brain had not been examined.

As the doctor had seen the patient but once, and that in a condition rendering a thorough clinical examination entirely impracticable, he had elicited the following history from her son, who is a very intelligent physician of this city.

The patient was, at her death, fifty-six years of age, of large size, and very corpulent. When nine years old, she was attacked with rheumatism, and for eighteen months kept in bed. Nine years ago she suffered from œdema of the lower extremities, supposed to originate from renal affection, but was entirely relieved in about three months. She had but one child. Menstruation had been regular up to December last. In every other respect the patient seemed to have enjoyed a tolerable state of health; at all events she never before complained of impeded breathing or palpitation of the heart.

Her late illness commenced during last summer, with difficult respiration and a moderate cyanosis. At the same time, the lower extremities became œdematous. There was no cough, expectoration, nor palpitation of the heart. The stools were, however, pale and irregular, both in frequency and consistence. The diuresis was copious, the urine containing albumen, but no other morbid elements. All these symptoms gradually became more aggravating, so that, eventually, the patient could scarcly more than lie down. The doctor had seen her about a month before her death. Then she exhibited the symptoms of dyspnœa, cyanosis with a frequent, weak, but *regular* pulse. There were no abnormal, except feeble, sounds about the heart and lungs. Hypertrophy of the former was made out, by the extensive flatness over the anterior surface of the throat. Effusion in the pleura or pericardium could not be discovered. The abdomen was greatly distended; the tympanitic percussion qualified it, being caused by gas. Most likely this symptom had aggravated the dyspnœa. With reference to the urinary secretion nothing new was made out. The quantity was normal; there was plenty of albumen, but the most careful microscopic examination failed to discover casts or blood in the urine. The dangerous condition in which Dr.

* Vide Med. and Surgical Reporter, May 18, 1861, page 158.

Bauer found the patient, and the impossibility of a thorough examination, besides the uselessness of the same, for any practical purpose, impelled him to abstain from further proceeding. The specimens before the Society satisfied the doctor that he had acted with becoming discretion, for even with their aid, it was no easy task to give a satisfactory account for the prevailing symptoms. In the first place he held that the venous circulation, below the diaphram, had in no way been impeded, despite of the enlargement of the liver. For, at no place, and in no organ, did he meet with distended veins or venous hyperæmia. Not even the vena cava inferior seemed to have been compressed.

Next, the kidneys were but moderately affected; their function still properly carried on. The œdema of the lower extremities could, therefore, not be reduced to suspended renal action. Whether albuminuria, in this case, was dependent on renal disease, Dr. Bauer entertained serious doubts. Perhaps it was the inevitable consequence of the loss of serum into the cellular tissue, and the albumem could, for want of the latter, not be kept dissolved in the blood.

Again, what was the cause of cardiac hypertrophy? The valvular trouble exhibited in the left side of the heart was certainly not sufficient to account for it. The thickening was so insignificant, as not to interfere with the functional purposes of the implicated valves; they were soft and pliable, apparently allowing no regurgitation. Nor was there any impediment in the passage of the blood from one cavity into the other. Yet the eccentric hypertrophy of the left ventricle was enormous. There seemed to be no other solution of this pathological phenomenon, than to refer it to the atheromatous, nonelastic condition of the arteries. In the present case, the atheroma of the arteries was very extensive, and of a very soft consistence, having, evidently, carried its degenerating effects to the muscular coat. At some places, the internal coat had even sloughed away, most probably the result of so-called atheromatous pustule. At any rate, the walls of the aorta had not sufficient elasticity to perform its office; and its calibre seemed to be increased.

In the absence of a more direct cause, Dr. Bauer thought that the atheromatous condition of the arteries had produced a compensating action in the heart. However moderate the assistance of the arterial coats may be in circulating the blood, yet it seems indispensible, and cannot be discontinued for any length of time without producing serious pathological results. The ordinary efforts of the soft atheroma is dilatation and rupture of the arterial coats. But if it does not come to that, it must, by necessity, retard the circulation, and throw an undue responsibility upon the heart that can but result in hypertrophy.

PROF. LEWIS SAYRE'S

Case of Hip Disease in the Third Stage; Fistulous Openings; Angular Deformity and Caries; Free Opening of the Joint; Myotomy; Progressive Recovery, (with two Illustrations.)

Clara S. H., aged seven years, of previous good constitution, met, in the spring of 1858, with a fall upon her left hip. For a few days she experienced severe pain, which soon subsided, leaving, however, a slight lameness of the extremity. During the following eighteen months she remained almost well; but after violent exercises some soreness in the hip would make itself felt, not sufficient, however, to be regarded with apprehension.

In the fall of 1859, the left knee-joint became so painful as to be considered by her medical adviser as inflammation, and for three months treated as such; loose cartilage was regarded as the cause of that affection. But both lameness and pain steadily increasing, it was at last recognized as hip disease, when the characteristic deformity, with elongation and eversion of the extremity appeared. A seton was thereupon applied behind the trochanter, and cod-liver oil given with bichloride and tonics. The patient grew nevertheless worse; the pain was intense, the joint immovable, and tender to the touch. During night, spasms would set in, accompanied with great agony, which the liberal use of opiates failed to mitigate. Appetite failed her, and she became much emaciated.

In June, 1860, a swelling commenced in the neighborhood of the joint. From that time her limb became shorter, adducted, inverted, and much contracted at the hip. Simultaneously with those changes, relief from pain came, and despite the increasing deformity, the little patient felt comparatively comfortable. The swelling gradually extended downwards on the thigh, and finally opened five inches above the knee, on the outer aspect of the extremity, and in other places high up.

Those sinuses continued open, discharging profusely until, in April last, Dr. Sayre saw the patient, when she presented the appearance of the first diagram, taken in photograph on the 20th of April.

Fig. 1.

On the 24th of April, assisted by Drs. Barnatzky, Cleveland, Guingly, and others, Dr. Sayre subcutaneously divided the adductors, the sartorious, and tensor vaginae femoris muscles, when the motion of the joint became quite free, producing, however, a

roughened and grating feel. The probe passing from the sinus near the knee up to the trochanter, the Doctor considered it expedient to secure a free and direct discharge, by a sufficiently large incision behind the trochanter into the joint, which at once brought him into a large cavity filled with ragged shreds and flaky pus. In passing the finger round the head of the femur, a sinal opening was discovered in the capsule, and in pressing the bone into the acetabulum, gelatiniform material, so peculiar to chronic diseases of joints, was squeezed out. The head of the femur was reduced to about half of its natural size, and quite rough on its posterior aspect.

Although the condition of the joint would have fully justified the exsection of the diseased portion, yet Dr. Sayre concluded to give the patient the benefit of a free outlet, rest, and proper position of the affected extremity, and thus pave the way for spontaneous recovery, and eventually only resort to the extreme remedy of exsection. To accomplish that object, the sinuses were thoroughly cleaned, the extremity, by means of adhesive strips, pully and weight, extended, the foot of the bedstead raised, in order to use the body as a contra-extending force.

The whole proceeding took place under the full influence of chloroform.

No untoward symptom followed the operation; rest and comfort ensuing without the use of anodynes. The appetite immediately improved, and in about three weeks the character of the discharge had entirely changed toward the better, in quantity and quality. Several small and sharp fragments of bone easily escaped. The wound had been daily cleansed and dressed with ordinary honey. The supine position had been observed for seven weeks, when the wound had so far healed as to permit the application of a hip-splint, and the locomotion of the patient. On the 17th of June, just two months after the operation, a photograph was taken, from which the second diagram (fig. 2) had been engraved. On that occasion, Dr. Watson saw the patient at the office of Dr. Sayre, and had embraced the opportunity of carefully examining her, when the following facts were elicited: The limb of the same length with its fellow; the motions of the joint free with the hip-splint on; she bears her entire weight, and walks about with perfect ease; the wound is not yet entirely healed, but the sinuses firmly closed.

Fig. 2.

In concluding, Prof. Sayre remarked, that the plan pursued in this case deviated obviously from the views he had heretofore promulgated. Under similar circumstances he had advised and performed exsection; but the satisfactory results he had attained by free incisions into diseased joints, had so much encouraged him of late, as to try it in the present case. Whether the exsection could be entirely displaced by this treatment, he was not prepared to assume without a larger field of similar results, but this much he would venture to say, that it would materially reduce the number of such operations.

In the ensuing discussion, most members agreed with the Doctor on the rationale of freely opening diseased joints as the safest and most effectual mode of relief, and complimented him for the boldness with which he had pursued the plan in the face of opposition on the part of the most influential surgeons of the country. The like cases could not fail, moreover, to shake the established theory, that hip disease is always of a strumous nature.

MEDICAL MISSIONARY HOSPITAL CLINIC AT CANTON, CHINA.

Reported by John G. Kerr. M.D., of Canton.

(*Continued from page* 338.)

EMBRYOTOMY.

The wife of a Chinese teacher was taken in labor on Saturday night. I was requested to see her at 9 o'clock, A. M., on Monday. The face was found presenting, with the forehead to the symphisis pubis, and the chin in the hollow of the sacrum. The head of the child was bent backward, and rested between its shoulders. In the afternoon, I requested Dr. Wong Fun to see the case in consultation. After all our efforts failed, and we were satisfied that it was impossible for the woman to be delivered, it was determined to destroy the child as the only chance of saving the mother. With a pair of cutting forceps, Dr. Wong pierced the head, and reduced its size by crushing the bones and removing the brain; after which, with a pair of straight forceps, the delivery was readily accomplished, and the patient soon recovered her usual health. The necessity of resorting to so dreadful an operation, may be judged of by considering that the head and chest of the child were so situated that they had to be forced through a passage which was barely large enough to receive the head alone. This is the first case, so far as is known, in which embry-

otomy has been performed for the delivery of a Chinese female.

PHYMOSIS.

A man, sixty-three years of age, was operated on for phymosis, June 14th; it had existed from childhood. On opening the contracted prepuce, forty small calculi were removed. They were of uniform size and shape, being about as large as a pea. The patient supposes that the calculi began to form twelve or fifteen years ago. In my report of the Ophthalmic Hospital for 1856, five cases similar to the above are noticed. The numbers of calculi were respectively, 1, 103, 24, 2, and 12.

URINARY CALCULI.

Ten cases have been operated on during the the year. The lateral operation was performed in all the cases. The external incision was small, and the incision of the prostrate was very limited. The instruments used were Liston's scalpel and the common staff. The operation was declined in three cases, because of extensive disease. Eight of the ten cases were successful.

RESECTION OF THE UPPER JAW.

A man, named Chai, aged fifty-nine years, from Yang Ping District, was admitted with tumor of the upper jaw of the right side, which began four months ago. It commenced in the antrum, the anterior wall of which was projected forward and upward; while the tumor hung down over the lower jaw, distending the right cheek, which was still healthy.

The entire half of the upper jaw was removed, December 15, in the following manner:—A horizontal incision was made from the angle of the mouth nearly to the ear, and a perpendicular one from the middle of the upper lip, along the side of the nose, almost to the eye. By dissecting up the flap, included in these incisions, the tumor was exposed. The connections of the bone were then cut with the bone-forceps, and the malar-bone was divided with the saw. The last step was to divide the mucous membrane in the roof the mouth; after which the bone was detached from its place. The edges of the flap were brought to their place again, and secured with hair-lip pins and sutures, and the cavity left by the bone was filled with lint. Chloroform could not be given. The man stood the operation well, and the case has progressed very favorably. The lines of incision, united by first intention, except a part of the horizontal one, which was kept open by the escape of fluids from the mouth. In ten or twelve days, the patient could walk about and take his usual food. In this case, invaluable assistance was rendered by Drs. Carlow and Blanc, and the following dangerous and difficult operation was performed with great skill by the latter gentleman:

TUMOR OF THE PAROTID SPACE.

A female, aged twenty-two, from Tsun Shin, has had a tumor growing in the parotid space for eight years. It is now circular and flattened, about five inches in diameter, and the entire external surface is ulcerated, giving rise to a constant discharge of fetid, unhealthy pus. The ulceration was caused, several years since, by the application of Chinese caustic. The tumor has recently been growing very fast, and the patient is anxious for its removal.

The operation was performed by Dr. Blanc, assisted by Drs. Carlow and Allen, on the 26th of December. The tumor was found to be very vascular, and several arteries had to be tied. The utmost care was required in dissecting, because of the danger of wounding the external carotid artery. This was found not to be involved, but the tumor rested on it, and a considerable part of the salivary gland was removed. On account of the extensive ulceration, there was not enough skin left to cover the wound. This was partially remedied by making an incision in the temporal space, and another in the neck, so as to allow the skin to be drawn nearer together over the wound. The recovery of the patient was steady and progressive, and now, at the end of three weeks, the cicatrization of the wound is almost complete.

WOUND OF THE CHEST.

Among the out-patients in the month of May, was a man who had received a stab with a spear in the chest, eighteen months ago. At the point where it entered, two inches above the nipple, there was a small fistulous opening, leading to a large cavity in the lung. A silver probe was too short to reach the bottom, and it could be moved about in every direction over a diameter of three inches. Auscultation and percussion showed that the entire right lung was consolidated, with this large cavity in the centre secreting pus. The patient was thin and feeble, but had not much cough. Exercise caused difficulty of breathing. This case is one of those curious examples occasionally met with which show how much disease may exist in some of the vital organs, and yet life be continued for a long time.

A man named Ko Ming, from Peking, attached to the custom-house, applied for the relief of severe paroxysms of pain in the crown of the head, which he attributed to the gnawing of a worm in his brain, that had entered through the nose. So fully convinced was he of the presence of a worm, that he insisted for several weeks that his head should be opened

and the worm taken out, and, as he came while the repairs of the hospital were in progress, he rented a house close by, that the operation might be performed. Finding medical treatment of no avail, it was determined to introduce a seton in the back of the neck, using as much ceromony as so simple an operation would admit of, In a few days the counter-irritation from the seton gave decided relief, and he began to believe my assurance that there was no worm in his brain. In a few weeks, he was so much better as to return to his business.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, AUGUST 3, 1861.

THE USE OF ALCOHOLIC STIMULANTS IN MEDICAL PRACTICE.

It is only a few years since, almost the entire energies of the medical profession were invoked against the use of alcoholic liquors. Large and extended investigations were made, showing their effects upon the human system, chemical, physiological, and pathological. The stomach and other organs of the body were exhibited in all the various stages of drunkenness, from the imbibition of the first glass to the sad result. Its effects were declared, with singular unanimity, by the profession to be "evil, and only evil, and that continually." Their influence upon the system, producing disease, deteriorating the blood, exciting to unnatural action the various organs of the body, and producing in the end destructive to all healthy tissue, was depicted in glowing colors. By many their use as a medical agent was entirely interdicted, and the materia medica was ransacked to produce a stimulant which should take their place. Alcohol was not wanted in the human system, it was said. The stomach revolted against it at the first onset, and could only be made to tolerate it by that wonderful law of nature, by which an organ can adapt itself to an increase or a perversion of its natural function. As soon as possible, it sent it on in its journey through the system, only to be rejected with indignation by every organ of the body in its normal condition, and to be taken up by the scavengers of the system, and thrown off as a thing not only worthless but hurtful. The brain reeled under its influence; the nervous system was shattered even to the verge of destruction, and the upright man was made to lie, prone with the beasts of the field. In its composition it had nothing from which healthy tissue could be eliminated; it had nothing which could enter into the composition of the solvent juices of the stomach, the bile, the chyle, the lymph, the blood, the muscle, the tendon, the nerve, the heart, the lungs, the brain, or any other organ of the system. In a word it was poison; deleterious to persons in health, and unnecessary in the cure of disease.

Now, was this view of alcoholic stimulants in medical practice correct? Did the fathers in medicine teach their pupils the truth? If so, how does it happen that the use of these stimulants is now constantly increasing, and that so much of the practice of the present day consists in the administration of "Bourbon Whiskey," "Spirits of Juniper," "Port and Madeira Wine," and "Brandy." These articles, especially the first two, put up in attractive form, with a tastefully elaborated label upon its side, are found now to occupy the marble counter of the drug shop, instead of the shelves of the low groggery; and if you examine the neatly printed wrapper which envelopes them, you will find the certificate of your next door neighbor perhaps, a prominent and worthy physician, recommending their use, and thus contributing to their sale as remedies for disease.

Has new light dawned upon us in this age of the world? Or has the sun of medical science gone back upon "the dial" to the days of Brown, when all disease was comprised in one term, "asthenic," and, of course to be treated with stimulants? Or has the human system so changed in its progressive development, during the last century, as that disease assumes new forms, and exhibits new phenomena? Or have the "green withs," with which public opinion, developing itself in "Maine laws," has bound the people for the last few years, become as "tow," bursting from the tortness of their tension?

To answer these questions is not now our purpose. We leave them with our readers, whilst we place before them the fact, now every day becoming patent, that the use of stimulants in medical practice is increasing. The tendency

of the age is to extremes; and medicine, as everything else, must partake, more or less, of that overwhelming tendency. The student who has read the clinical lectures of Dr. Todd, of London, (England,) upon certain acute diseases, has no doubt been astonished at the boldness with which he employs stimulants in his treatment. In a case of acute rheumatism, in a girl seventeen years of age, he ordered six drachms of brandy every hour; in another case of pyæmic inflammation, he gave a pint a day for a month at a time; and we ourselves have know instances wherein much larger quantities were given at the same intervals.

In the Royal Infirmary, Edinburgh, the use of alcoholic stimulents has been steadily increasing for the last five years. In three wards of that institution in 1856, the whole amount of wines and spirits used was 1,739 ounces; in 1860, 4,178 ounces. Of malt liquors there was used 126 pints; in 1858, 208, showing a steady increase.

But we need not go out of our own country to find instances quite as much to the point as the foregoing. If you inquire into the routine of hospital practice you will find the use of stimulants increasing, and the modification is so marked, that the physicians in attendance are impelled, by a sense of responsibility, to caution their pupils against the long continuance of such treatment, as calculated to fix a habit upon the patient which is not only injurious to himself, but also to the well-being of society. So also, among country practitioners, the administration of stimulants is fast becoming the rule, whilst the contrary practice is the exception. Whether the disease be erysipelas, or diphtheria, rheumatism or consumption, active stimulation is thought to be necessary, and brandy and "Bourbon whisky" are the stimulants most generally prescribed as best suited to the nature of the disease, and probably to the taste of the patient.

Now we must not be understood as opposing the legitimate and proper use of stimulants. In a vast number of cases they are, no doubt, required, and should be administered, and we would leave a wide margin for the exercise of sound judgment and wise discretion.

But we submit whether the tide is not setting too strongly in the direction of stimulants; whether there is not a moral as well as a therapeutical aspect of this matter which, as conservators of the public weal, the physician is bound to consider; and, whether there is not a weighty responsibility resting upon him to beware lest, while he seeks to save his patient from the ravages of disease, he be not entailing upon him a habit which will bring down his gray hairs, or those of his posterity, with sorrow, to the grave.

EDITORIAL NOTES AND COMMENTS.

The brief inquiry in the London *Lancet* relative to the "sterility of twin sisters," has drawn forth several replies. In one case, a lady had *twenty-three* children, and her twin sister *fifteen;* in another, one had *three*, the other *two;* and still another, the elder had *five*, and the younger *three*.

The *Lancet* for July 6, gives the first report of the "Analytical Sanitary Commission," instituted for the purpose of analysing "the solids and fluids consumed by all classes of the public." The examinations are made by the microscope, and by chemical analysis. Of fifteen samples of coffee examined, six were genuine, and nine contained chicory in various proportions, from about one-fourth to one-third, a half or more; in one case nearly the whole of the mixture was composed of chicory. And this result is recorded as a great improvement on the examination of the same article in 1851, when 34 samples were analysed, and only three were found genuine. But the article is still extensively adulterated. And a like condition of things, would, no doubt, be found in this country, if a like thorough analysis was to be made. A very small proportion of that which is labeled "ground coffee," is such in fact. There is coffee in the mixture, no doubt, but it is frequently, nay, we may say *generally* adulterated with chicory, which is perhaps the most inoffensive of any adulteration; and it may be, often is, still further compounded with roasted rye, wheat, beans, split peas, (this latter article being an article of commerce especially used for that purpose,) carrots, beats, and sometimes with some of the red earths, woody fibre, and saw dust, ground acorns, burnt

sugar. The livers of slaughtered cattle are, it has been affirmed, used for the same purpose in certain localities, being dried or roasted. Some of these adulterations are harmless, comparatively, but they tend to establish the fact that the purchaser of "ground coffee" is egregiously imposed upon in his purchase. He asks for "*coffee*," he gets its adulterations. We would that the *Lancet* would extend its investigations across the Atlantic, if even no better results should follow than did its analysis in 1851 in London; and yet we would rather that a like sanitary commission be formed on our own shores, that the rascality and cupidity of our own dealers in "the solids and fluids consumed by the public," might be thoroughly exposed.

The *Medical Times and Gazette* records the case of a man who was bitten by a dog which he was admiring and patting on the head, in one of the "Taverns" of London. Not long after the man became very violent; showed a dislike to water; barked like a dog several times: imitated the crowing of a cock; talked in an incoherent manner, declared his room was wet and infested with various kinds of fish. When the dog was killed, he seemed to be much better, but the excitement soon returned, and the man died. His case is said to have been one of hydrophobia, for no other reason, probably, only that it followed the bite of a dog. But the dog was not rabid, or, at least, had hitherto exhibited no symptoms of that affection. Nor did the poor man exhibit the usual symptoms of hydrophobia. He must, therefore, have fallen a victim, the *Times* argues, to fright, which, acting upon his highly nervous temperament, induced symptoms more nearly allied to *mania-a-potu*.

The *Lancet*, in commenting upon this case, remarks: "that the excessive fear of being bitten by a dog in hot weather is groundless. Facts prove that dogs are not more liable to madness in hot weather than in cold; in fact, a greater number of cases occur in the early months of the year than at any other time; and while the disease occurs frequently in very cold climates, it is *unknown* in Turkey, and in tropical climates where dogs are allowed to roam about freely. A dog which has bitten any one should not be destroyed, but confined and watched." [Our advice would be, to kill the dog immediately, and then no risk will be run of any future depredations. The cases will be exceedingly rare in which hydrophobia will exhibit itself, unless the virus be actually present in the system.] "Finally, a suspected bite should at once be sucked with the mouth, or treated by a powerful caustic, or a cupping glass applied over the wound, and as soon as possible either cauterized by actual heat, or excised."

Notwithstanding the facts may be as stated above, we yet think the safer course to be, to muzzle the dogs that run at large during the hot months. It is vastly easier to prevent hydrophobia than to cure it when once it has attacked the system.

A case of some interest in a medical point of view has just been decided before the London (Eng.) Court of Exchequer. We find it reported in the *Times and Gazette*. Mr. Gattie and wife brought an action against Mr. Halford, surgeon, for alleged malpractice in attending the plaintiff's wife during her confinement, using instruments in such an unskilful manner as that she has suffered numbness and lameness ever since; and for a breach of contract in neglecting and refusing to send for assistance if either chloroform or instruments should be necessary. Drs. Murphy, Barnes, and Mr. Margetson testified that the defendant's practice in using instruments without assistance, was wrong, and that he administered chloroform in an improper manner. Drs. Locock and Ramsbotham, together with the defendant, gave it as their testimony that the instruments and chloroform were properly used: that any assistance beyond that of a nurse was unnecessary, and that there was no engagement of the nature alledged. The jury, after an abscence of two hours, returned a verdict for the defendant.

The importance of re-vaccination, in order to ensure entire security against the invasion of variola, is most clearly shown from the statistics of such re-vaccination in the Prussian army in 1860, which we find in the *Lancet*, copied from the *Preuss. Med. Zeitung*, 1861. During the year 69,096 soldiers were re-vaccinated, of which 49,770 proved successful. Of the whole number vaccinated, 57,525 exhibited distinct cicatrices from former vaccinations; 7,420 showed indistinct marks, and 4,151 had no marks at all. Of those who were successfully re-vaccinated, not one had variola, six had varicella, and only one varioloid, showing how

well the system is protected from the ravages of variola by vaccination, and showing, too, that marks and cicatrices are not always evidences that vaccination has been entirely successful.

We observe that the last number of *Braithwaite's Retrospect* copies the article upon *the subcutaneous application of the metalic ligature to the cure of varicose veins of the leg*, written by one of the editors of the Reporter, and which appeared originally in its columns, as from the *American Medical Times*. We are at a loss to account for the error, since the editors of the *Retrospect* are so scrupulously careful to acknowledge the exact paternity of the papers from which their abstracts are made, and since, also, the original source of the article in question was properly announced in the *Times*. We are pleased to be the humble instrument of communicating so valuable a paper to the medical profession throughout the world, in the columns of *Braithwaite;* at the same time we prefer that our valued cotemporary, the *Times*, should shine in its own light, and not in that which it borrows from another.

At his clinic, on Saturday last, at the Pennsylvania Hospital, Dr. Levick made some observations upon the use of propylamine, as a remedy for rheumatism, which are worthy of note. He had seen this article announced in the papers as "Dr. Levick's Specific for Rheumatism." Whilst he took this occasion to disclaim all connection with or belief in specifics for any disease—still, he felt bound to say, that propylamine had been used in this hospital with remarkable success, in cases of *acute* rheumatism. In those cases the facts were that whereas the patient was sick with rheumatism, he took propylamine and got well. This was the invariable result. But in chronic rheumatism, the results were not as satisfactory, indeed he had found no benefit from its use in such cases. While, therefore, he regarded propylamine as a valuable remedy in the acute form of this formidable disease, he yet must caution the young practitioner against reliance upon it in any of its chronic forms.

Our Boston correspondent, under date of July 11, 1861, brought to the notice of our readers the newly discovered anæsthetic, Keroselene, and announced that Dr. H. J. Bigelow, of that city, had been making some observations to determine its value. The results of that investigation we find in a letter to the Boston *Medical and Surgical Journal*, extracts from which we here append. He says:

"This fluid presents remarkable properties. It is tasteless as water, volatile and inflammable as ether, though burning with a dense white light; of a faint chloroform odor, which, as it evaporates, changes to that of coal tar, and then disappears absolutely and altogether; so that a handkerchief saturated with the fluid has, at the end of a few minutes, when dry, no odor at all, nor has the room or atmosphere where it has been used, any trace of its presence. Both ether and chloroform leave, in different degrees, a persistent, *fade* and stale aroma after evaporation, as is well known. They are also far less agreeable to inhale than this new agent, which has thus an obvious advantage over either of them.

"Subsequently, I inhaled the new vapor, which Dr. Hodges, at my request administered. Complete insensibility supervened, lasting several minutes, with some diminution of the volume of the pulse. Its effect was wholly agreeable, leaving neither headache nor nausea, nor bad taste.

"I have this morning administered it to three surgical patients. The first, a girl of nineteen, presenting some hysteric tendencies, having thrust some twenty needles in her leg, was wholly insensible during the extraction of four of those which remained. Yet there was more cough than I had expected from the wholly unirritating odor of the vapor, more muscular rigor than usual in favorable anæsthesia, and more intermittence of the pulse.

"In a second patient, to whom it was given preparatory to an operation upon the face, insensibility was equally complete. But this woman did not take it kindly, and its complete effect was attended by so feeble and intermittent a pulse as to lead me to desist until she had recovered. A second attempt reproduced, with anæsthesia, the feeble and intermittent pulse, and I again desisted. Upon her recovery, I gave her common ether vapor, which she afterwards said was less agreeable, but which was followed by complete insensibility, the pulse beating steadily and full, at 76. Though this patient, perhaps, succumbed more readily to a third anæsthesia, there seemed to be in the two first trials a certain degree of purple color and asphyxia, with its attendant spasm, which I have elsewhere described as an occasional and disagreeable symptom of attempted anæsthesia. To guard against this asphyxia, which might possibly have resulted from the folded towel, upon which I habitually administer ether, I tried in the next case an open sponge. The subject required a considerable incision for a mammary abscess, and was a patient of Dr. H. G. Clark, with whose assent I tried the keroselene.

In spite of the open sponge, the symptoms of asphyxia again appeared, suggesting to Dr. Clark, before operating, their resemblance to those from charcoal gas. The color was livid, and the rigidity marked. In each of these cases, the quantity used was from one to two ounces.

"In conclusion, it may be remarked of these three cases, that they are insufficient for satisfactory demonstration, and that their common and unfavorable symptoms may well have been but a coincidence; yet they suggest some caution in the use of the kerosolene vapor. It is, probably, more potent than that of ether, requires a free admixture of air, and may produce upon the system some impression or influence, other than that of the mere intoxication attendant upon the use of ether. In awaiting further evidence, it may be considered established that kerosolene is an anæsthetic of undoubted efficiency, and that it possesses certain remarkable and attractive properties peculiar to itself."

The discovery of the anæsthetic properties of this agent was accidental. A man who had been sent in to clean a cistern at the kerosene works became affected by it, and it was afterwards tried on flies and mice.

A paper, communicated by M. Hippolyte Larrey to the Society of Surgery last week, contains some interesting statistics relative to the success of the various operations undertaken for the extraction of false cartilages in or about the knee-joint. The list takes a wide sweep, reaching from the days of Ambrose Parè down to our own time. M. Larrey's original object, (if I recollect rightly,) in collecting these cases, was to aid an American surgeon, Mr. Squire by name, in his defence against a charge of malapraxis brought against him by a patient. The latter had been operated on by Mr. Squire, and an anchylosis of the knee-joint had been the result of the operation. As M. Larrey had, in 1832, written a thesis on the subject, our American *confrère* selected him as umpire on the question. What the upshot of the trial may have been I know not, but the fruits of M. Larrey's researches are certainly worth presenting to your readers. Out of a total of 168 cases of extraction, 129 were by direct incision, and 38 by the indirect or subcutaneous method. The results stand thus:

No. of Cases.	Cured.	Failures.	Deaths.
129	98	5	28
38	19	15	5

The extraction of false cartilages of the knee-joint is, according to M. Larrey, a grave operation when practised by direct incision, and difficult when by the subcutaneous method. The dangers resulting from the presence of the foreign body are much less to be dreaded than those to be apprehended from the operation; and though, no doubt, as seen by the above figures, a large proportion of cures has been registered, many failures have been passed over in silence, and not boasted of. The operation should never be performed, unless the following conditions be realized:

1. Complete mobility of the false cartilage.
2. Presence of pain, effusion into the joint, lameness, and other ill effects resulting from its presence in the articular cavity.
3. Failure of palliative measures.—*Lancet.*

We have often admired the sleepless vigilance with which the Medical Press of our transatlantic brethren watch the entrance of the Temple of Medicine. No sooner does an imposter show his head at the threshold, than he is mercilessly pelted till he disappears. Or if he chance, by any means, to gain admission he is soon booted out. Quackery is compelled to hide its diminished head. But an attack upon the citadel of medicine has now sprung up from quite an unexpected source, and the *Lancet*, thus announces the fact:—

"A lady, *teterrima causa belli*, has penetrated to the core of our hospital system, and is determined to affect a permanent lodgement. The advanced guard of the Amazonian army, which has so often threatened our ranks, on paper has already carried the outposts, and entered the camp." Just think of it, "a course," ill-featured "amazon" among doctors. That wont do at all! But the writer emphatically declares that she is "a lady of amiable purpose, and highly to be respected for her excellent bearing," and, moreover, she has already "taken courses of materia medica and chemistry at the school of the Middlesex Hospital." But the lady aforesaid is not satisfied with having reached the camp, she desires to observe all the minutiæ of camp life. She is delighted with the inkling she has obtained, now she longs for a full view. "How should this fair intruder be received?" asks the *Lancet*. "Is she to be welcomed as on all other occasions we should welcome a lady, and desire to aid a woman aiming to benefit her sex, not less than herself? or should we resist the charge of parasols, and run the risk of "taking our quietus with a bare bodkin?" But the lady is in earnest, and she plies her attacks vigorously. She has money. She will endow the school with the snug little sum of 2,000 pounds, as a foundation for a female medical scholarship. But will not her own innate modesty induce her to forbear. Think of a lady witnessing the manipulation for stone in the bladder; the operation for fistula in ano. She remembers that her own sex is liable to even these sad casualties, and worse exposures, and

she still persists in her application. "The charge of parasols" must be resisted, says the *Lancet*. "A lady among doctors" is not to be endured. Her application is rejected.

Preventives of Hydrophobia. — The Parisian Prefect of Police, the correspondent of the *Lancet* says, has caused to be published for public benefit the following advice in regard to bites by rabid animals:

1. Persons bitten by animals suspected of madness are recommended immediately to squeeze the wound so as to evacuate all the blood likely to be infected by the dog's saliva.

2. The wound is afterward to be washed with a weak solution of carbonate of ammonia, potash, soap-suds, lime-water, or salt-and-water, and, in default of these, with pure water, or even—*urine*.

3. A piece of iron is to be heated to a white heat, and the part bitten deeply cauterized therewith.

State of Pennsylvania — Hospital Department— Harrisburg, July 26, 1861.—A Medical Board, for the examination of candidates for the post of Surgeon in the Volunteer Regiments of the State, will convene at Harrisburg, *Tuesday*, August 6. 1861, when and where all desirous of appointment will appear. By order of the Governor, Henry M. Smith, M.D.,
Surgeon General of Pennsylvania.

Correspondence.

Headquarters, Company "G,"
First Regiment Delaware Volunteers,
Perryville, Cecil County, Md.

A sojourn with our Company of nearly four weeks, in this whilom noted place, has developed the disagreeable fact, that it has not been promotive of the health of the little community stationed here as a guard to the railroad. We were here but a very few days, when the unpleasant conviction forced itself upon our mind that the ailments were more frequent than at other localities, where our lot as soldiers placed us; and, up to the present time, there has been a sensible increase in the amount of sickness, until nearly every man has been more or less affected. To-day the climax was certainly reached, when, in making up our report of the sick, (for, in addition to our other duties, we assumed the care of the health of the Company, reluctant to abandon the practice entirely,) we were not greatly astonished to find the names of forty men on the list and unfit for duty. That would, unquestionably, have been a fearful report, if the sickness had been of an alarming character; but fortunately the cases were chiefly mild ones. The sick list had, for several previous days, ranged from five to ten and fifteen a day.

What was and is the character of these cases, will be the natural inquiry. The intestinal canal is principally involved, and, in many instances, decided bilious symptoms have been strongly apparent. We have had some few instances of dysentery occurring, but not of an aggravated nature; frequent discharges, considerable pain, little febrile irritation, were noted—treated simply but as amply as a small camp medicine-box would admit of; blue pill and Dover's powders the main reliance.

Diarrhœa has been very anoying, though not serious. The majority of the men have been affected by it; the discharges were so frequent, in many instances, that they were incapacitated for drill; pain almost invariably accompanied. Castor-oil, with tr. opium or Dover's powders, usually sufficed for the time being, but it did not remain in check long, the causes, directly to be spoken of, still existing.

The bilious disposition has been sensibly felt. There is scarcely a man in the Company who has been in perfect health—nearly all having been slightly indisposed. A general complaint of disagreeable sensations. No one has felt warranted in calling himself well. Headache, dull pains in the limbs, a desire to sleep, tongue with yellow coat, sometimes with white, lassitude, inaction, little interest in military matters, relaxed bowels commonly, occasional chilly feeling, sallow appearance, with features that were an index of a bad state of system, with much debility; there was not a total loss of appetite; neither was there much irritability of stomach.

Your correspondent, who comes from a bilious district, did not escape, but was obliged to take some of his own physic; he could not hope to be an exception. To show one feature, to-day, when the men who were fit for duty were drawn up in line, numbering about twenty-five, we took occasion to examine the tongue of each man, when it appeared that nearly the entire number had furred tongue—some deeply so. Upon the whole, there has been a general deterioration of the *physique*.

The next inquiry is, What causes are there in operation here to occasion such an amount of slight ill health in the Company? Natural causes primarily. Perryville is situated on the east bank of the Susquehanna, and about five miles from the Chesapeake. There is considerable made-land here, upon which are the railroad buildings, wharves and piers, with a large amount of piling to flank it, and to arrest the passage of all the vegetable matter that approaches it. At every tide, the long grass is brought and deposited in a cove at the rear of our quarters, and there left, as the tide recedes, exposed to the sun's rays, which, latterly, have

been rather intense. Added to this, the water the men are obliged to drink is very indifferent. We are unable to judge of its elements; but there is, undoubtedly, some quality which relaxes the bowels.

It is unnecessary to charge this general indisposition to the rations, want of cleanliness or undue exposure, for the rations are of the ordinary kind, but such as to stimulate thirst. The policing of the grounds and the cleanliness of all the surroundings are under our own supervision, and, as to personal cleanliness, the men have every opportunity for ablutions, of which they do not fail to avail themselves; and the quarters are excellent and commodious. We cannot divest our mind of the opinion that Perryville will, as the season advances, be more dangerous to the troops who may be quartered here than the secession forces.

Upon exhibiting our formidable sick-list to the colonel, he immediately took steps to have us removed, and the probability is, that tomorrow we shall pitch our tents on the opposite side of the river at Havre de Grace, where we hope to regain some of our lost health.

D. W. Maull,
Captain of Company "G,"
Delaware Volunteers.

July 19, 1861.

NEWS AND MISCELLANY.

Surgeon's Report of the Bull Run Battle.—The following extracts from the official report of Surgeon King of the United States army, will be interesting to all our readers. We find it in one of the city dailies:

Arlington, Department N. E. Virginia,
July 26th, 1861.

Sir:—Being Chief of the Medical Staff, serving with the army in the Department of N. E. Virginia, I have the honor to make the following report of so much of the results of the action on the 21st, at Bull Run, as came within my charge. As the officers of the Medical Staff were attached to the different regiments and on duty with them, I deemed it proper to remain with, and accompany the General commanding and staff, from the beginning to the termination of the battle, in order that I might be enabled to visit in this way every part of the field where the killed and wounded might be found.

After the action had fairly commenced, and the wounded and the dead were seen lying on the field in every direction, I despatched Assistant Surgeon D. L. Magruder to the rear, with directions to prepare a church, which I had observed as we passed before arriving at the scene of action, for the reception of our wounded, and also to send the ambulances forward as rapidly as possible to pick up the wounded and the dead.

In a very few minutes the ambulances made their appearance and continued throughout the day to visit every part of the ground which was accessible, in order to be within reach of those parts of the field where the fighting was going on, and wounded were to be found.

It is due to the ambulance drivers, to say that they performed their duties efficiently, and the results of their operations also show how absolutely necessary these means of conveyance are to the comfort and relief of the wounded, in giving them shelter and water when ready to perish with heat and thirst.

The stretchers were found very useful and comfortable to the wounded, and were in constant requisition in conveying them to the nearest ambulance.

So far as I am informed, the medical staff belonging to the different volunteer regiments discharged their duties satisfactorily. I observed Acting Surgeon Miles busily engaged in dressing wounded men under the shade of a tree in a part of the field where the fire from the enemy was very hot. He addressed me in a brief inquiry, as I passed, relative to the safety of his father, and then resumed his occupation.

Surgeon C. C. Kerney, of Col. Hunter's Division, and Assistant Surgeon D. L. Magruder attached to the Commanding General's staff,, did good service in the hospital church I have mentioned, and also in two houses near the church, where the wounded were placed after the church had been filled. These officers remained busily engaged in their duties until the enemies' cavalry made its appearance, and but narrowly escaped capture, when they left. Drs. Swift and Winston, attached to the New York Eighth, remained with their sick, sacrificing selfish considerations for their own safety in order that their wounded might not be neglected, and are now prisoners.

I am informed that Assistant Surgeons Grey and Steinsburg of the Regular Army, and Drs. Honiston and Swan of the New York Fourteenth, also preferred to remain rather than abandon their charge. The conduct of these officers is worthy of all commendation.

The impossibility of making a careful survey of the field after the battle had ceased, must be my apology for the briefness and want of detail in this report. I may mention, before concluding, that I met on the field Col. Heintzelman, U. S. A., with a minnie ball in his arm. I extracted the ball as he sat on his horse, and applied the necessary dressings. I attended to a number of cases on the field where from hemorrhage and other circumstances immediate attention seemed to be necessary.

I am, sir, very respectfully,
your obedient servant,
W. S. King,
Surgeon and Medical Director, U. S. A.
Capt. J. B. Fry, Asst. Adj. Gen'l, U. S. A.

Dr. George Wiley has been appointed out-door physician in the Eleventh Poor District of this City, in place of Dr. Clark, resigned, he having received an appointment in the military service.

Surgeon James S. De Benneville, of this City, has been detached from the Hospital at Camp Curtin, and transferred to the Eleventh Regiment P. R. V. C., commanded by Col. Gallagher, and now in Washington.

It is asserted that Gen. McClellan will issue an order suppressing the sale of spirituous liquors any where within ten miles of the encampments around Washington. If such an order is issued, we hope it will be strictly enforced.—In accordance with this suggestion, we observe that Congress has just passed a law containing the same provisions.

Just now there seems to be a great want of hospital stores for the wounded in the late battle, and we observe that the ladies of this city are responding nobly to the call for aid in this direction, and the same kind hands are also attending to those wounded soldiers who are now passing through our city on their return home.

Quite a number of Surgeons of the Federal Army were taken prisoners at the late battle at Manassas Junction, and several of them wounded. Among the latter, was Dr. N. S. Barnes, of the Twenty-seventh Regiment New York Volunteers, contused wound of the knee. Among the former, were Surgeons A. Powell and Foster Swift, and Assistant Surgeons G. S. Winston and Charles de Graw, of the New York regiments; Dr. Edward T. Taylor, of the Fifteenth New Jersey Volunteers; Dr. Buxtone, of the Fifth; Dr. Swift, of Geneva, New York. They were captured while attending to their duties in the hospital, near the battle ground. Mrs. Hinsdale, of Detroit, Mich., the wife of one of the privates in the Second Michigan Regiment, was also taken prisoner, and was assigned to one of the hospitals as nurse. She has since been released, and reports the wounded and prisoners to be well treated.

The Sanitary Commission have "examined minutely" the new building just erected at Washington, near the railroad depot, for a temporary resting place for the soldiers as they arrive, and have expressed their satisfaction at the arrangements made for the comfort of the men. The building is 300 feet long, and has sleeping and eating accommodations for 2,000 men.

The French Academy of Sciences offer a prize of 10,000 francs (to which the Emperor has added 10,000, making 20,000 in all,) for the best essay on the reproduction of bones by the preservation of the periosteum. The essays are to be sent to the Secretary of the Institute before the first of April, 1866, and are to be written in the French language. We trust our own countrymen may be induced to enter the lists.

Medical Committee of the International Exhibition of 1862.—The following eminent gentlemen constitute the Committee on Surgical Instruments and Appliances, of the Great Exhibition of 1862: Mr. Wm. Laurence, F.R.C.S., Mr. Joseph Henry Green, F.R.C.S., Mr. J. M. Arnott, F.R.C.S., Mr. J. F. Soush, F.R.C.S., Mr. Cæsar H. Hawkins, F.R.C.S., Mr. James Luke, F.R.C.S., Mr. F. S. Haden, F.R.C.S., and Mr. James Paget, F.R.C.S.

Gauze Ventilators.—A system of ventilating rooms by apertures covered with wire gauze has been introduced. It is claimed for it that it allows a circulation of air, yet prevents excessive drafts.

Death of another Physician from Chloroform.—Dr. Mailly, of Mauritius, died lately from the effects of chloroform which he had inhaled for the purpose of having a tooth extracted. The administration was performed by himself, and at a signal given the tooth was removed. Immediately afterwards he expired.

Death of an Anatomist.—Mr. Henry Gray, the author of the illustrated "Descriptive and Surgical Anatomy," which has been reprinted and very favorably received in this country, died recently in London of confluent smallpox, at the early age of thirty-six.

Dr. Thomas M. Logan again sends us his meteorological and necrological report of Sacramento, Cal., for June. The range of temperature during the month was 29°, from 82°, the highest, to 52°, the lowest. A remarkable prismatic circle is noted as surrounding the sun on the 4th. The number of deaths during the month was twenty, of which eight were from consumption.

Communications Received.

Connecticut—Drs. J. W. Lawton, S. L. Childs, A. W. Coates, with encl.; G. H. Presten. *Illinois*—Dr. M. Davis. *Iowa*—Drs. G. M Staples, Moses Cousins. *Kentucky*—Dr. D. Johnson. *Massachusetts*—Dr. E. L. Warren, B. de Gersdorff, with encl.; Wm. Osgood. Per. J. G. White: Drs. Ephraim Cutter, Thomas S. Scales, Wm. Ingalls, M. A. Harrison, W. P. Weselhoeft, W. E. Underwood, E. Woodward, C. C. Tower, John Homans, D. Humphries Storer, Alanson Abbe, Theod. Guenther, J. W. Warren, Joshua Tucker, T. L. Jenks, E. T. Gatchell, N. H. Dillingham, J. W. Phelps, Stephen Ball, E. L. Rolf, Samuel Gregg, C. L. Chase, P. R. Macomber, each with encl.; Dr. Busteed. *Missouri*—Dr. J. H. Bridwell. *New Jersey*—Dr. J. C. Stroud. *New York*—Dr. E. Gere; Per John Hulme: Drs. A. T. Zabriskie, Wm. B. Bradner, W. P. Townsend. J. N. Taylor, Geo. E. Putney, Avery Cook, Sol. Van Etten, H. Hardenbergh, J. S. Whitney; Dr. W. G. Wood, each with encl.; Dr. J. Swinburne, (Rep.) *Ohio*—Drs. Jenner & Co., with encl.; J. W. Vance, J. F. Capell; C. P. Herrington, with encl. *Pennsylvania*—Drs. E. S. Melsheimer, Woodhouse & Thompson; G. B. Curtis, with encl.; J. A. & G. K. Thomson, with encl.; A. J. Martin, with encl.; C. R. Coudrick, with encl.; George S. Kemble, Joseph G. West, J. Site, S. R. Rittenhouse; J. L. Thomas, with encl.; S. S. Cowell; A. Dobson, with encl.; P. S. Leisenring, Washington Burg. *Rhode Island*—S. W. Francis, (com. and letter.) *Vermont*—Dr. J. H. Currier.

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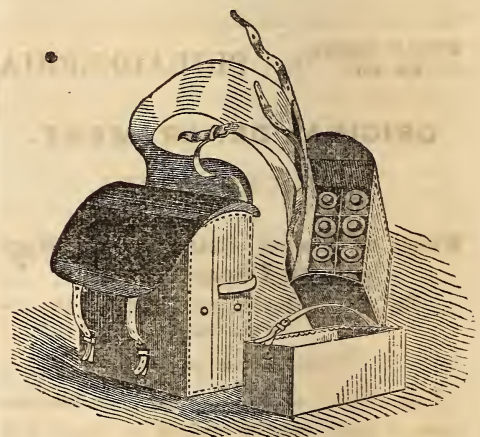

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No. 1, containing	12	1 oz.	Ground Stop. Bottles and		
	12	½ oz.	" "		$9 50
No. 2, containing	10	1 oz.	" "	and	
	10	½ oz.	" "		8 50
No. 3, containing	8	1 oz.	" "	and	
	8	½ oz.	" "		7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1 oz.	Ground Stop. Bottles,	$10 50
No. 5, "	20	1 oz.	" "	9 50
No. 6, "	16	1 oz.	" "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1 oz.	Ground Stop. Bottles,	$10 50
No. 8, "	20	1 oz.	" "	9 50
No. 9, "	16	1 oz.	" "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1 oz.	Ground Stop. Bottles,		
" "	18	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$19 00
No. 2, containing	21	1 oz.	Ground Stop. Bottles,		
" "	14	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$15 50
No. 3, containing	18	1 oz.	Ground Stop. Bottle		
" "	10	½ oz.	" "	and	
" "	4	Pots,	" "		$12 00
No. 4, containing	20	1½ oz.	Ground Stop. Bottles	and	
" "	2	Pots,	" "		$8 50
No. 5, containing	15	1 oz.	Ground Stop. Bottles,		$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½ oz.	Ground Stop. Bottles,		
" "	18	1 oz.	" "		
" "	18	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop. Bottles,		
" "	14	1 oz.	" "		
" "	14	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$16 50
No. 3, containing	14	1 oz.	Ground Stop. Bottles,		
" "	14	1½ oz.	" "	and	
" 4	4	Pots,	" "		$13 00

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THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.,
Of New York.

(*Continued from page* 375.)

Like certain educational tastes, in life, the sense of smell may be trained to linger with pleasure over odors at once repulsive to the uninitiated, and disgusting to the man of inexperience. By some, the "fumet" of various kinds of game, is esteemed a recommendation to the longing palate; and, in time, the student of anatomy forgets the odor of the subject, while lost in wonder and amazement at the intricate and marvellous structure of the human form.

Alexander Von Humboldt declares that, in South America, when the shades of evening have shut out the view of all surrounding objects, and the traveller is compelled to listen for the stealthy tread of any enemy, the Peruvian Indians, by snuffing up the wafted breeze, pronounce with judgment and correctness the vicinity of Europeans, Negroes, or the muffled step of the American savage.

With regard to the sense of hearing, there is much of the deepest interest as respects the anatomy of the parts and the beauty of relation. Hearing, that surpassing recorder of the vibratory motion of sound, as produced on the air, at first presents merely mechanical paradoxes, transmitted by means of the auditory nerves, the result of the combined action of tympanum, ossicula, and fenestræ; but, on closer inspection, we find within the narrow confines of a hidden chamber, a clear liquid, small in quantity, but nevertheless secreted for a specific purpose. As it is evidently easier to hear the human voice, or the peal of a bell, in rainy weather, and as the finny tribe almost instantaneously recognize the presence of some sound, conveyed through the medium, water, we readily appreciate its marked utility and consequent necessity, as connected with the simple and elaborate laws of acoustics. Stop this secretion by sickness, or other abnormal means, and at once the sense of hearing is diminished as effectually as when the tympanum is thickened by disease; and audition, ere long, becomes a crippled representative of what was once surpassing strange and beautiful. Müller, by careful experiments, has clearly shown, that in order to transmit the vibrations of the air to the mind, the tympanum must act directly and indirectly on the all-important *fluid* of the labyrinth, which is nearly entirely water; and this is, likewise, clearly indicated by the scientific remarks of Eduard Weber, (1846,) who maintains that the membrane of the fenestra rotunda may be pressed towards the tympanum by means of the influence of the fluid of the labyrinth. M. Savart discovered, after much labor, that when the membrana tympani was dry, in the vicinity of a loud noise, hearing was by no means as acute or distinct. Dr. Wollaston maintains, moreover, that by increasing the tension of this membrane "grave sounds" are lost. Hence we cannot fail to appreciate to the fullest extent, the indispensable advantages derived from both the endolymph and peri-lymph, which bathe the surfaces of the delicate membrane of the labyrinth. Though, according to Mr. Dugès, the *pitch* of voice is recorded by the cochlea, a knowledge of that fact is dependant on the fluid of the labyrinth, which is as necessary as the tubular ligament, discovered by Mr. Toynbee,* which has for its function the duty of keeping the membrani tympani in a state of moderate tension.

Taste, the guardian of the animal, the luxury

*Philosophical Transactions, 1851.

of the epicure, is due to the lingual branch of the fifth pair, and the careful sentinelship of the glosso-pharyngeal. The papillary surface, also, conduces much in conveying the sense of the presence of a "sapid substance." The distribution of these "gustatory nerves" plays so superficially around the tongue, that the knowledge of what is touched, is almost imperceptibly conveyed. No art is more carefully carried to the most boundless finess of perception than that of "tasting;" seldom does any whim or poetic fancy, cost as much as do the endless endeavors of a chéf to kill sad thoughts and inspire a glow of satisfaction; the result of repletion.

Not only are the various kinds and qualities of a dish appreciated by the "good liver" to the fullest extent, or the seasoning of a rare morsel, but the respective ages of the same vintage can, with subtle truth be stated, though the man of rare experience but sips the delicate wine.

Now, when fever, resulting from excessive thirst, parches the surface of the tongue; when the epithelial scales are cast off and moisture has departed from this, often pampered organ, and its twin brother, the palate, suffers similar distress, the sense of taste is lost. Food may be eaten; the palate may with difficulty perform its functions, but not until the sub-maxillary, sub-lingual and parotid glands, together with the buccal mucous, secrete sufficient saliva to moisten the roughened coat, can taste be restored, and a knowledge of what is eaten be experiencced, affording instant relief to the sufferer and furnishing abundant pleasure, combined with salutary satisfaction.

If the calyciform, fungiform, and filiform* papillæ, be not moistened by some liquid, that of necessity contains water to a more or less extent, the sensation of distinguishing taste is lost, and their "polarity is not excited by the direct agency of the sapid matter itself." Henle and Dr. Baly have illustrated, by original experiments, that the presence of a current of air or a sudden "tap" on the surface of the tongue, will produce a sensation of taste; but this does not interfere with the acknowledged opinion of many physiologists, that without a certain amount of fluid, the sense of taste becomes deficient, and the power of deriving pleasure from the most palatable condiments is, in due time, wanting. T. Wharton Jones, Kiernan, Carpenter, and Dr. Waller,* have made the anatomy of the tongue and the distribution of the nerves their study. Though they differ as to the "free truncated extremities" of the nerves of the fungiform papillæ, a similarity of opinion, relative to this fact, is the result of their lucid convictions.

Dr. Holland, in his important work,† goes so far as to assert, that "in the majority of instances of actual illness, provided the real feelings of the patient can be safely ascertained, his desires as to food and drink may be safely complied with—whether much drink or little; whether things warm or cold; whether sweet, acid, or saline." The quaint and curious Beer, (1748,) gives it, as his opinion, that water is "the most natural, most perfect, and sure medicament that can be found." Kruger, (1795) of Halle, goes so far as to esteem it as a "universal means," and Borner, though not free from the influences of surrounding opinions, entertains an equally devotional feeling towards its remedial agency in dispelling fevers, lowering the temperature of the body and affording relief from countless sufferings.‡ The tongue, so intimately connected with pleasurable experiences, though the source of much utility and the guide to comfort, at times when made the seat of inflammation, from its very vascularity, assumes a form of aggravated symptoms that astound the practising physician, and bid defiance to the palliating treatment of the most experienced anatomist.§

There are on record few cases of cure after this "sudden enlargement" has taken place.‖ When death stares the medical attendant in the face and he feels the inutility of therapeutics while the "fond friend" of many years is gradually wasting—and his eyes fade from their former lustre, truly does he mourn to-day, and from his heart exclaims:

"Chi ha la sanità è ricco, e non lo sa!"

The sense of touch, though furthest from the seat of thought, transmits as rapidly reports of what exist in the experience of feeling. This delicate glove of the mind protects the person far more thoroughly than coats of mail and plates of steel in olden times, when death became a virtue, and existence but the means of forming wrinkles, the real scars of thought. Among the many proofs of the exquisite ex-

* Todd & Bowman, xxxix, Am. Ed.

* Phil. Trans.

† Medical Notes and Reflections.

‡ Medicus Sui Ipsius, 1770.

§ Mr. Lyford, of Winches er, Lancet, 1828, p. 16.

‖ Taynton and Collin's Med. Gaz., vol. xxii.

tent to which this sense may be cultivated by close application and a careful, regular devotion to its calls, the blind basket-maker, by a certain innate consciousness, detects the simple color with which to commence his labors; and, as he advances in his work, selects the variagated tints for beautifying the exterior.

To the surgeon in his daily rounds of duty and administering kindness, of what vast importance is "palpation!" The "feel" of growths, abnormal in their character, often renders plain what vision failed to recognize. The "tactus eruditus" of old, cannot be purchased by the "parvennus" in practice, nor can father leave it in his "will." But oh! the many days of weary treadings in the path of duty, ere the optic nerve, in answer to the calls of just experience, sends forth, in metaphor, a branch to overlook the workings of the digital extremities.

This sense has been called by one of clearest, smoothest and most fascinating* writers on comparative anatomy, "the most important of all; since through it alone some animals possess the consciousness of existence; and to those which enjoy many organs of sense, that of touch is necessary to the full development of the powers of all the other organs." The nerves are not materially affected by the roughness of the cuticle, which is quite thickened under action or attrition with hard substances, but, as Bell beautifully terms it, a veil wraps the parts up carefully and sensation is thereby only dulled. In order to solve the mystery and ascertain the cause and origin of touch and feeling, it becomes our business to investigate with care the minute anatomy of the nerve tissues and seek to discover of what that electrical conductor of all sensations is formed, and to what it must owe much of its invaluable characteristics. We find, upon examination, that the nerve fibre is made up of three coats, each, as it were, distinct in its constitution, yet forming a homogeneous structure peculiar to itself, easily deranged, and more delicate than a ray of light; for it generates thought, and at one bound leaps into the distant confines of a foreign land, while the imagination looks on with a pleased indifference, and fails not in her answer to the poet's call. This subtle element by far exceeds the powers of mechanical philosophy, for the agent WILL controls rebelling nations; rules the wayward passions, emissaries from a baser world; directs the energetic mind and leads shrewd followers to humble duties and devoted zeal. While love, the gentlest attribute of purest beings, by a silk-like thread, demands nought too onerous to be obeyed, seeks nothing that is deemed extravagant! It was the attribute of perseverance that called forth from the Latin meditator:* nihil est quod non expugnet pertinax opera, et intenta ac diligens cura.

The indispensable utility of the "axile bodies," for the most delicate functions of the tactile papillæ has been enlarged upon by Wagner and Kölliker,† who maintain that it is by their agency that the most sensitive impressions are made cognizable. Prof. Weber, by a series of experiments, much praised by Dr. Graves, ascertained the amount of sensibility of every part of the exterior surface of the body, and it is to him we are indebted for much practical information relative to the knowledge of *resistance*, *space*, *form* and *extension*, and this, due, in a great measure, to the various temperatures‡ of the human organization.§ Investigations of a similar character, by M. H. Belfield-Lefèvre ("Recherches sur la Nature, la Distribution, et l'Organ du Sens Tactile,") resulted in a like determination as to the effect of temperature and a variety of intensity of sensation.

When the fact is taken into consideration that in one hundred parts of brain-matter, from 80 to 84 per cent. are water, we cannot fail to see how vast an amount of this "chemico-vital" operator must, of necessity, enter in the minute structure of the "axis-cylinder" of Rosenthal and Purkinje; the "primitive band of Remak." Nor can the white substance of Schwann deny the power of its wonderful mobility and flexibility to be due to this accommodating fluid.

Will, Hannover, Ehrenberg, and many others,‖ in treating of the peculiarly delicate disposition of the useful fasciculi, do not deny that much of the capability of the terminal plexuses would be deficient, were this excessive mobility of particles, due to water, absent. Mr. Rainey does not neglect to ascribe the topological arrangement of the nerve-fibres of the arachnoid membrane to a similar classification of the identical provisions of nature mentioned by Bourgery and Pappenheim with regard to the *serous* membranes.

* Bell on the Hand, p. 199. London Ed.

* Seneca.
† "Mikroskopische Anatomie," band. ii.
‡ "Müller's Archiv."
§ "De Pulsu, Respiratione, Auditu, et Tactu."
‖ See Canstatt's "Jahres-bericht."

As an additional proof of the dependance of the nerves on water for movement or sensibility, I quote the following: "It is remarkable that there are many Plants and even Animals, which can be reduced to a state of complete inactivity by the *dessication* of their tissues, without the absolute loss of their vitality; the usual condition of their bodies being recovered, and their vital powers being restored, when they have been allowed to imbibe an adequate supply of WATER."* Such a statement from so eminent a writer must be conclusive.

Were it not that the watery portions of the fluid, secreted by the sudoriporous glands, evaporated as soon as they reach the surface of the skin, it would become necessary for the man of cleanly habits to change his linen many times throughout the day. This oily fluid, which is forced out from the body, partakes much of the consistency of the "vernix caseosa" of J. Davy. By direct investigation, Krause analysed a few drops from the palm of the hand, and found, by testing, much acidity, oil, and margarine contained in water. It would be superfluous, were the careful experiments of Berzelius, concerning sweat from the forehead, and the minute manipulations of Anselmino relative to the exhalations of the arm, to be enumerated. The main point is contained in the following sentence, which bears directly upon the present subject: that without the agency of water, whose capabilities of holding so many foul and "used up" secretions in solution, is marvellous, life must cease its functions and congestion terminate existence.

Dr. Zimmerman discovered what at first seems peculiarly singular to the practical mind. The result of bleeding many dogs to death, closely demonstrated the fact that, in the last quantity taken from the animals, in 1,000 parts of blood there was an increase of some 13 more parts of water. Polli, whose active mind led him to draw conclusive deductions, is of the opinion that this is due to the rapid absorption of the serous fluid which is contained in all the tissues. This opinion, no doubt, will be found in the writings of Denis and Mulder, Simon and Liebig.

Of what possible utility would be a limb destitute of joints? and in what manner could joints, which unite the extremities of two bones, resist the destructive effects of forcible friction and constant attrition, were it not for bursæ mucosæ which contain a lubricating fluid, superior to the most delicate watch-oil, more lasting than any liquid elsewhere secreted in the animal economy? The power of locomotion is due, in no small degree, to the adaptable lubrication of the synovial fringes,* so different in viscidity and density from any other fluid contained in a serous sac. The secretion of this fluid is due to the permeability of water, which, according to Sclmidt and Lehmann,† is permitted to pass through the diminutive pores of this smooth surface, holding the salts in solution, but albumen is reserved for future use and economy of strength. Deprive the synovia, so highly extolled by Robinson and Valentin, of water, and you clog the machinery with a thick fat which grates on motion and causes agony while in repose.

Milk, the universal agent, in all countries where an infant babe is born, for sustaining life and forming muscle, blood, nerve fibres, bone, and all else of the human structure, contains so much water that it is a curious study to follow out the concientious statements of the learned Simon:—In one thousand parts

Water, - - - - - - -	883.6
Butter, - - - - - - -	25.3
Casein, - - - - - -	34.3
Sugar of milk and extractive matters,	48.2
Fixed salts, - - - - - -	2.3

It would require the use of a ponderous tome, and demand the exclusive consideration of many hundred pages, were the exact proportions of water; its utility and indispensable qualities in the anatomical frame, to be discussed in the proper manner. When, however, the interesting, and, I may say, almost incredible fact is asserted, that when this ubiquitous element is removed even from the human skeleton, it only weighs from seven to eight pounds, one cannot fail to entertain the profoundest feelings and express the sincerest regard for its ever useful and important agency. One of the greatest minds once exclaimed, in speaking of nature:

Omnia ex ovo!

Certainly, had he meditated but one moment he would have added:

Nihil sine aqua!

To be Continued.

* Carpenter's Principles of General and Comparative Physiology.

* Goodsir & Rainey.

† Lehrbuch der Physiologischen Chemie.

Pathology of Pulmonary Tuberculosis.

By A. P. Dutcher, M.D.,
Of Enon Valley, Lawrence County, Pa.

PART SECOND.

Pulmonary Tuberculosis.—In this brief outline of tubercular disease, we have given a description of those changes which take place in the lungs in every true case of phthisis. It is in the superior lobes of the lungs that this matter is first deposited, in the form of the *gray* or *miliary* variety. It is here that the tubercles are the largest and most numerous. It is in these parts that they first ripen and grow soft, and become ready for expulsion; hence it is here that we have the most frequent, the most numerous, and the largest cavities in the lungs; and the number and magnitude of them diminish from the summit downward.

These *pulmonary cavities* vary much in size; sometimes they are not as big as a pea; then again they are found large enough to contain a pint or more of matter. These large cavities are seldom met with in the inferior lobes. They are also confined mostly to but one lung—either side being effected, in different instances, in about an equal ratio. Laennec asserted that they were more frequently found in the left than the right side. Recent observation has not confirmed his opinion.

When tubercular cavities are very large, they are found to be formed by the union of several that are smaller; so that they are very irregular in shape, and divided into chambers, as it were, by imperfect partitions, or bands which cross them in various directions. These cavities also always have one or more openings with the bronchial tubes, which serve as a passage for the discharge of any matter that may form in them.

When a cavity has been recently formed in the lungs by the softening and discharge of tubercular matter, its walls are quite soft and ragged, and are lined by a thin layer of lymph, which is easily separated from the surrounding parts. In more aged cavities, the false membrane is denser, and sometimes much thicker. Frequently several layers of this description are deposited—the one last formed being more delicate, more easily torn, and of a more yellow color. In some cases, the cavity is entirely destitute of lining membrane, the walls being formed of hardened pulmonary tissue, having a raw, fleshy appearance, not unlike the surface of a granulating ulcer.

Some writers have supposed that this false membrane secretes the pus expectorated in this malady—an opinion which is founded on the

Fig. 6.

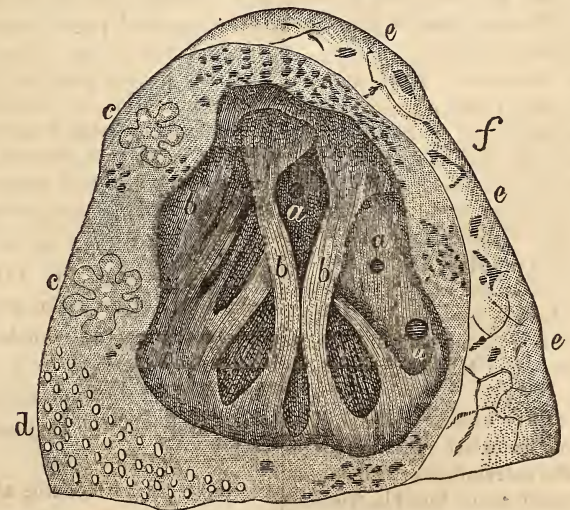

Fig. 6.—A section of the superior lobe of the lung, containing tubercles in different stages, and a vast tubercular cavity; *a a a* bronchial tubes opening into the cavity; *b b*, bands crossing it; *c c*, coalescing masses of tubercles; *d*, miliary granules; *e e e*, exterior surface of the lung.

analogy existing between it and that which forms on the surface of other ulcers. It is, however, quite certain that the greater part of the matter expectorated by phthisical patients, is the product of bronchial secretion, augmented by the irritable condition of the lungs. We do not assert that pus is not formed in these cavities at all; but it is quite evident that when they are lined by the membrane, just described, the expectoration will abound more in the bronchial secretions than those that are characteristic of vomica.* And, when in this condition, Laennec asserts that he has frequently found them free from purulent matter.†

We have just noticed that tubercular cavities are intersected by small bands or cords, which cross them in various directions. These are composed of dense cellular tissue, the remains of the arteries and the veins that supplied the affected part. The changes which these vessels undergo, in such cases, are very interesting; and, indeed, if it were not for these changes, few individuals would ever survive the softening process. Fatal hemorrhage would follow nearly every case. We will describe them when we come to treat of hæmoptysis.

The Contents of Tubercular Cavities.—The contents of a tubercular cavity varies according to the period of its existence. Such as are recent generally contain thick, cream-colored, inodorous matter, like common pus; while, in such as are long-standing, the fluid is a thin, bloody, sinious character, and often very offensive. Chalky concretions are sometimes found in them, and occasionally a substance resembling fibro-cartilage.

The time required for a cavity to empty itself varies from a few weeks to several months, according to the size of the tubercular mass, the extent of the local disease, and the state of the system. It is not an uncommon thing to find tubercles in nearly every stage of progress in the same lung—some just forming, some softening, and others just being expelled—old cavities healing, while new ones are forming; but in nearly every case destroying the pulmonary tissue with great rapidity, disturbing the healthy action of the lungs, and causing a speedy dissolution of the entire system.

Healing of Tubercular Cavities.—This is one of the most interesting topics connected with the pathology of this disease. That pulmonary cavities do sometimes heal, can be attested by every physician of extensive observation, or who is at all in the habit of making dissections. There are three modes in which the healing of a cavity may be effected.

1. The cavity may remain open, and its surface become lined with a thin layer of plastic lymph. This adheres more or less strongly to the surrounding textures, is gradually organized, and finally converted into a membrane, which shields the cavity and prevents its further extension.

2. The healing may be affected by the contraction of the cavity, and the slow, but steady, agglutination of its side through the interven tion of dense cellular substance of new formation. Dr. Carswell, in his work on consumption, gives several drawings delineating this mode of healing.

3. It may take place by an effusion of coagulative lymph, or by repeated depositions on the inner surface of the cavity, forming a mass more or less dense in its structure, completely obliterating the cavity, which may be distinctly marked by its fibro-cartilaginous boundary, in which the bronchii abruptly terminate.

In the two last varieties of healing, the contraction of the tissues give rise to a puckering of the lung, which is most distinctly marked, when the serous envelopment of the organ is forced to follow the retrocession of the pulmonary substance. These scars are more commonly found at the apex of the lungs. They are of various sizes and figures. They sometimes involve the entire lobe of the lung.

Cretacarious Transformation of Tubercular Deposits.—Tubercular deposits in the lungs are, no doubt, frequently disposed of in this manner, and may remain in them for years without doing any very serious damage. Such transformations are regarded as curative in their character. Let us take a brief view of this interesting process. Sometimes on removing the serous membranan at the summit of the lungs, and cutting into them, we find one or more masses imbedded in the pulmonary tissues, commonly the size of a pea, but rarely as large as a cherry-stone, which have very much the appearance of moist chalk. They are usually smooth and rounded, and they break under moderate pressure. When cut they produce a gritty sensation, and when rubbed between the fingers they have an earthy feel.

* Laennec on the Chest, page 286.

† See article on Expectoration, "Medical and Surgical Reporter," Vol. V, page 557.

Fig. 7.

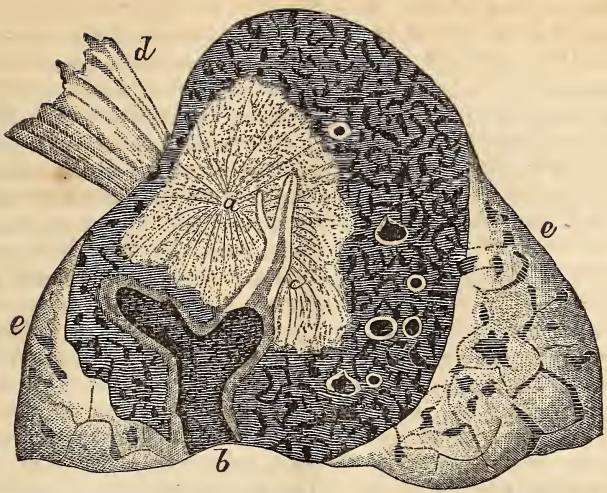

Fig. 7.—A section of the superior lobe of the lung, illustrating the third mode of healing; *a*, a fibro-cartilaginous cicatrix, surrounded by pulmonary substance, strongly marked by black pigment; *b*, a bronchial tube greatly dilated and terminating in a cul de sac at the cicatrix; *c*, marks of the obliterated bronchial tube; *d*, a band of serous tissue uniting the lungs to the pleura and ribs.

Sometimes they are of stony hardness, rough and irregular in shape; when thus found, they are somewhat smaller than those first described. They are usually closely attached to the surrounding pulmonary tissue, which is dark, contracted, and more or less indurated in their neighborhood. We have a very good illustration of them in Fig. 8. It is taken from Dr. Bennett's work on Pulmonary Tuberculosis. It is a section of the summit of the right lung, exhibiting the cretacarious masses, more or less loaded with and surrounded by carbonaceous deposits.

These cretacarious masses are unquestionably the result of tubercular transformation, although some writers have recently expressed a contrary opinion. Their structure proves them to be such, for when we examine them carefully, we find that they bear the same marks of internal change, which usually follow the series of changes that occur in tubercular matter. Thus it has been observed that the

Fig. 8.

outside of the mass will present the appearance of the yellow cheesy tubercle; in a deeper portion the chalky substance will be found, while quite in the centre a small, irregular hardness will be perceived.

The chemical constituents of these cretacarious concretions are for the most part very simple, being composed almost entirely of the chloride of sodium, the sulphate of soda, the phosphate of lime, the carbonate of lime, and cholesterine.

All authors agree in regarding the transformation of tubercles into cretacarious masses as a curative process, and gives us another admirable exhibition of the skill and design of our heavenly Father, in so constructing our bodies, as to resist, at least in some degree, this fell disease.

PART THIRD.

Structural Changes which attend Pulmonary Tuberculosis.—Beside the changes which take place in the lungs in consequence of the deposition of tubercular matter, there are other lesions which deserve a brief notice, not only in the lungs, but in other parts of the body. We find, for instance, hemorrhagic effusions and consolidations; inflammatory congestion and hepatization of the lungs; products of inflammation in the pleura; inflammation, ulceration, thickening and dilation of the bronchial tubes; irregular dilation of the air-cells, sometimes with increased flaccidity, sometimes with rigidity; enlargement of the bronchial glands, with tuberculous matter in different states in them.

The trachea and larynx are not uncommonly ulcerated, particularly in those parts over which the matter expectorated most commonly passes. Hence, the sides of the trachea and bronchia, next to large cavities in the lungs and under the surface of the vocal cords and epiglottis, are more commonly the seat of these ulcers. These ulcers are various in number and size, and they do not often extend below the mucous and sub-mucous membrane. The pharynx is also very much affected in this disease, follicular enlargements, and plastic exudations, and ulcerations are frequently found.

But in most individuals, who die with this disease, we do not find its ravages confined to the chest, but it leaves traces of its destructive agency in other parts of the body. The intestines frequently exhibit tubercles in nearly every state, with numerous indurations and ulcers. These ulcers most frequently occur in the small intestines near its termination. They gradually corrode the intestinal membranes in proceeding from within outward, and are frequently found resting on the peritoneum only. Perforation of the peritoneum is, nevertheless, uncommon. Ulcers, however, of great magnitude are sometimes found in the larger intestines.

The stomach is usually found much distended, and lower than natural; its mucous membrane quite soft and thin, or very red, thickened and ulcerated. The liver is generally increased in size; it is softer than usual, and of a paler color, and on being cut greases the knife, or more evidently shows its oily quality by a slice of it being heated on paper. This state of the organ is called the *fatty degeneration* of the liver. This peculiar affection of the liver is also met with in other chronic diseases, as well as phthisis, and it is sometimes seen in cases where no organic affections of any severity co-existed.

The emaciation of those who die of phthisis is very great. It is very strongly marked in the adipose cellular membrane and muscular tissues, but very little in the internal organs. The intestines may appear contracted, but this is chiefly owing to their containing but little air. The brain, nerves, genital organs, spleen, pancreas and other glands, present no mark of emaciation. The blood vessels commonly appear small, but this, no doubt, is owing to their having been a long time accustomed to contain only a small quantity of fluid, in consequence of the copious evacuations, and the low regimen to which patients are compelled to subject themselves.

The bones of tubercular subjects, although they lose nothing in length, yet their diameter and specific gravity are frequently lessened by protracted marasmus. The chest of phthisical persons is usually narrow, and sometimes evidently contracted. The serous membranes and the skin are commonly very pallid and bloodless. The muscles, on the contrary, particularly the heart, are usually of a bright red. The latter organ is almost always remarkable on account of its smallness and firmness.

In all cases of pulmonary tuberculosis the blood is dark in color, viscid, and exhibits no tendency to form a consistent clot. It is slow in reddening when exposed to the air, has no particular hypostatic tendency, but communicates to the organs a dark violet, or reddish brown tint, by the firm adhesion of its coloring matter. Its chemical constitutents are also deficient, the red corpuscles in particular. The

fibrin, however, is usually in excess. Although there is a great deficiency in all the animal fluids in this malady, yet they seem to have very little tendency to septical decomposition, since we find that individuals in this disease are much less liable to gangrenous eschars on the back, from long confinement than any other, and that their bodies, after death, are generally slower in running into putrefaction.

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting of June 25, 1861.

Daniel Ayres, M.D., President.

DR. BAUER'S

Case of Endostitis of Left Tibia, of Sixteen Years' Standing; Formation of Bone Abscesses; Failure in Trephining; Subsequent Amputation; Recovery.

This case refers to a young lady, twenty-two years old, of rather delicate constitution, but otherwise healthy, and, as to sexual functions, regular. At the tender age of six years, she met with an accident to her left leg and ankle-joint; said to have been a fracture. But, from the fact that the extremity had never been put in splints, and treated only by antiphlogistics and blistering, it must be inferred that it was sprain and contusion only. The patient never got rid of the effects of that injury. The lower third of the leg remained swelled and discolored, and, from time to time, was so painful as to lay her up. Occasionally fistulous openings formed, discharging small fragments of bone. About five years ago, the patient called on Dr. Bauer for advice. At that time he had conceived the case as chronic periostitis, terminating partly in exfoliation. The moderate enlargement of the bone rendered it probable in his mind that a sequestrum was in process of formation. The patient did not return for five years, when she entered, under his charge, the Brooklyn Medical and Surgical Institute.

Her constitution and development had been interfered with materially, and enfeebled her system. The affected leg presented almost precisely the same appearance. The skin over the bone was eczematous, attenuated and tender. At some places it adhered to the tibia. The tibio-tarsal articulation had become anchylosed, but some compensating mobility had been set up between the astragalus and calcareus. In front of the tibia crest, about one and a half inches above the joint, there was a small fistula filled withloose granulations, moderately discharging a sero-plastic fluid. At the bottom of the opening, the bone was felt de nuded. The lower third of the tibia was obviously enlarged; but there was no circumscribed distension, as ordinarily is the case in bone abscess.

The consultation of the surgical staff left it undecided whether there was a small sequestrum or an abscess. In either case, trephining was considered the appropriate remedy to give relief. With this operation, Dr. Bauer proceeded on the 6th of February last. He took out two buttons of bone with the intervening bridge, from the internal surface of the tibia, and thereby gained a sufficient opening into a large oblong cavity, filled with a grumous, soft, fatty, but not purulent material. The corticle substance proved to be very hard and eburnated. The morbid material having been scooped out most thoroughly, and a free parenchymatous hemorrhage ensuing, the cavity was filled with sponge soaked in solution of the per-sulphate of iron. In a few days, the dressings were removed without further loss of blood and, warm-water fomentations applied. From this period, all seemed to go on well; the eczema disappeared, the skin assumed a more healthy look, and the cavity gradually became occupied by good granulations.

This improvement continued during the rest of the treatment, and when the patient, at the end of the month, was discharged from the Institute, her recovery seemed to be guaranteed. It needs hardly to be mentioned that the deep-seated pains of the bone had subsided with the operation. Dr. Bauer had no opportunity of seeing the patient for several weeks. The improvement was still advancing, and the closure of the opening confidently expected.

Her condition, however, presented itself very differently at a later period. Then the eczema had not only returned, but had spread higher up. The skin and bone were tender to the touch, and on motion; the deep-seated pain of the latter had not returned; the apertures of the bone had not entirely closed, but the granulations with which it was filled looked badly.

Dr. Bauer came then to the conclusion that the previous operation was anything than a success, and the patient suffering from constitutional disturbance rendered further remedies imperative. The peculiar material contained in the osseous cavity had convinced him that his previous diagnosis did not cover the pathological ground with which he had to deal, but that, on the contrary, it was a fair specimen of endostitis, not unlikely of some extent. In circumscribed endostitis, the trephine was, perhaps, the most reliable remedy. As such, it had proven itself so in his and in the hands of his colleagues. He could not decide in favor of resection of the diseased bone, for this would imply a severe operation with consecutive copious suppuration for which the patient was not constitutionally prepared. Furthermore, there was some uncertainty as to the extent of the disease preferred to suggest the amputation, to which the patient readily consented, in order to get rid once forever of her trouble. The superior demarkation of the eczema was presumed to indicate the anatomical limit of the bone disease, and there the amputation was decided to be made. If, however, the bone should be found diseased higher up, the amputation would be carried through the knee-joint. According to this plan, the operation was performed June 25th. A double-flap operation was preferred. The bone was sawed off a little above the junction of the upper and middle third, and happily found healthy there. The number of ves-

sels requiring ligature was unusually large, and demonstrated the extensive vascularity of the implicated parts—more especially the tibia bled very freely. The wound being united by sutures, has since almost entirely closed, without any untoward symptom. The specimen removed was then exhibited to the Society. It consists of two-thirds of the tibia and the astragalus, to which it is firmly united, without any formation of osteophytes. The bone being longitudinally divided does not show a trace of a previous fracture. The corticle substance is rather dense and hard, but rarefied. There is no medullary cavity, nor any bone-marrow, strictly speaking. In its place, there is a luxurancy of soft, reticulated, bony structure, filled with a soft, oily material. About one and a half inches from the union of the tibia with the astragalus, there is an oval cavity one and a quarter inches in length, and half an inch wide, filled with a grayish-yellow, fatty, gelatinous substance. Above and below this, two other smaller and round cavities, filled with a similar material. Toward the superior extremity of the specimen, the bone assumes a more natural structure, but by no means of the ordinary character. The vascularity is obviously very great.

In commenting on this case, Dr. Bauer remarked that he deemed it hardly necessary to set up a special plea for his shortcomings in the original diagnosis. A small sequestrum, or a small abscess, may exist without material enlargement of the bone. As to endostitis, he had not been prepared to believe that such a disease could have existed for sixteen years without more serious and rapid devastations than he found in the present case. Strictly speaking, those cavities which the specimen exhibited, were not abscesses, although he had styled them so. In a pathological point of view, they were simply retrograde metamorphosis, softening, fatty degeneration, indicated by the endostitic process.

Dr. Frederick Morris thought that surgeons, *par excellence*, were much inclined to resort to extreme operative measures, where a plain practitioner often would succeed with milder remedies and some patience. He had such a case in point; it was nothing extraordinary in a scientific point of view, but it demonstrated how powerful patience and constitutional remedies were when judiciously combined.

DR. MORRIS' CASE.

C. L———, a lad of five years, in August, 1858, first complained of pain in the right ankle joint, followed soon by swelling, heat, etc. A few weeks subsequent, the axillary glands became swollen and tender. After a little time, the swelling at the ankle opened and discharged matter, while the glandular enlargement in the axilla disappeared.

In the early part of the following summer, a small tumor appeared on the upper part of the sternum, which suppurated, discharging scales and spiculæ of bone. One year from the first attack the Doctor saw the patient. Suppuration had then occurred in the left tibia, just below the ligamentum patellæ, where loose bone could be detected. The shaft of the right tibia had separated from its head, and presented an unhealthy fungoid ulcer on the inner side of the leg, above the ankle. The patient, an interesting boy, was rather small, and of a rachitic development. He was pale, and his muscles flabby. The patient was placed under constitutional treatment, which consisted of cod-liver oil, hypophosphate of lime, iodide of iron, together or separate as they were found best to agree. Salt-water baths were freely used; diet good and substantial. The happy effects of this treatment were soon observed. The ulcer on the sternum healed; the swelling over the left tibia disappeared; the shaft of the right tibia separated from its proxineal head, and, in the early part of 1860, was removed. The health and strength of the patient gradually was restored, and now he is able to run about, although on a rather thickened and much bent bone.

Strong cartilaginous growths have appeared at each head of the tibia, and are firmly attached.

The boy is of healthy parentage, and is one of eight children, among whom no like troubles have appeared.

Dr. Bauer was unable to see the point of application between Dr. Morris' and his case. In the one there was superficial exfoliation from circumscribed periostitis, in the other an internal bone disease. The one was almost painless, the other caused the patient a great deal of suffering. And as to patients, he thought, sixteen years had been a good test of endurance. Dr. Bauer was prepared to say that his patient had received her full share of constitutional attention, and therefore was inclined to think that a due discretion had been exercised. In fine, however, the patient herself had manifested a desire to be relieved from a malady that had been the incubus of her whole life, and she was heartily tired of it.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of Medical Journalism.

By O. C. Gibbs, M.D.,
Of Frewsburg, N. Y.

SOFT CHANCRE.

In the *American Medical Times*, for July 6th and 13th, Prof. Wm. A. Hammond has lectures upon soft chancre. We give a brief synopsis of the two lectures. Of the nature of soft chancre, he sums up thus: "We find that the soft chancre is a local disease, that it never infects the general system, that it may be inoculated if the process of reparation has not advanced far, and this upon the patient affected—that it is the kind of chancre pre-eminently liable to complications, such as *inflammation, ulceration, and phagedena*, and that it is occasionally accompanied or followed by *two* kinds of bubo, one a simple symptomatic adenitis non-virulent, the other caused by the absorption of chancrous pus, always suppurating, and the pus found being inoculable, and therefore truly of a specific character." Of all the chancres met with in practice, he says, *three-fourths* of them are of the variety under consideration.

In regard to treatment, we condense the following: "There are two circumstances to which I have called your attention, which pre-eminently influence us in the treatment of the simple chancre. 1st. You must not forget that it is altogether a local disease; 2d. That it is liable to extensive ulceration and phagedena. The former fact does away with any necessity for the exhibition of mercury, and the latter renders such a course not only improper but highly dangerous. At the same time, it is desirable to destroy, as soon as possible, the specific character of the chancre, and to convert it into a simple non-virulent ulcer." Of the caustics used for the purposes last named, he says, "I have found nothing so manageable, and at the same time so effective, as the sulphuric acid and charcoal paste, recently recommended by Ricord. This is prepared by taking strong sulphuric acid, and making it into a paste with sufficient finely-powdered charcoal. The chancre is covered with this, and the mixture is allowed to remain undisturbed for three or four days; at the end of this period the paste falls off, bringing with it the slough which it has produced, and having underneath a healthy sore, the specific character of the chancre having been entirely destroyed." After the slough has been spontaneously detached, "dress the healthy sore which now exists with a solution of tannin in water, one, two, or three grains to the ounce, and it will, in the great majority of cases, speedily heal." . . . . "As to the constitutional treatment, it is rarely that any is required. If there is any great debility, iron and quinine may be given with advantage. The bowels should always be kept open, and the diet should be attended to so far as to take care that nothing indigestible is eaten, or excess of any kind committed." In cases accompanied with much inflammation, cataplasms of chamomile flowers should be used, and opium and the muriate tincture of iron, and, perhaps, brandy, should be administered internally. If gangrene should occur, diluted nitric acid, or a solution of the chloride of zinc, should be locally applied. Where serpiginous ulceration exists, he says he has "derived more satisfaction from the use of iodine than from any other agent. Internally I give it in the form of Lugol's solution, accompanying it with some preparation of iron, and occasionally with cod-liver oil, whilst, at the same time, I apply the strong saturated tincture to the ulcer and neighboring parts every day. I have never seen a case resist this treatment."

If the chancre is of a phagedenic character, he would make local application of the sulphuric acid and charcoal paste, as above referred to. In addition, "good diet should be given, plenty of fresh air should be afforded, and, above all, some one of the preparations of iron should be administered. I have tried nearly all of them, and cannot but agree with Ricord that the potassio-tartrate is the best. It seems to be almost a specific against phagedenism. The formula which I generally use is

℞.—Ferri et potass. tart., . ℥j.
Aquæ, . . . ℥x.

Of this I give half an ounce three times per day, and at the same time direct the diseased part to be kept constantly moistened with it both before and after the detachment of the slough caused by the caustic paste already mentioned.

IMPROVED COUNTER-EXTENSION SPLINT FOR MORBUS COXARIUS.

Two weeks since we made allusion to the subject of treating morbus coxarius by aid of splints, and referred to the different apparatus designed for this purpose. In the *American Medical Times*, for July 20th, Dr. Charles F. Taylor, of New York, figures an apparatus, which he says he perfected late in last year, and which he thinks possesses several advantages over any instrument now before the profession.

One of the advantages claimed is, that the splint does not reach below the knee, and thus does not interfere with the motions of that joint. Drs. H. G. Davis and L. A. Sayre have both devised a short instrument, which possesses

this advantage. We, however, believe that Dr. Taylor claims to have originated this improvement. The top of Dr. Taylor's splint differs from that of any other. This modification consists of a flange or piece of elliptical-shaped steel, in length about one-third the circumference of the thigh, to which it is shaped, resting over the joint, and passing around in front and behind to meet the perineal strap, in the same line the latter would be in, if it kept on to be attached to the end of the common splint, at the crest of the ilium. This flange is attached to the upper end of the splint by a common rivet-joint, directly opposite the acetabulum. It will be seen that while the instrument remains firm and motionless on the leg, the force is applied with increased efficiency, and the movement of every joint of the limb is most perfectly secured; that at the hip, especially, not being in the least interfered with by the counter extension force.

Another important advantage is that there is *no compression* on the femoral vein and artery, or any of the soft parts; the ischium and tendons of the adductors being the only points where the perineal strap touches to exert the whole force of the instrument in counter-extension.

Another great advantage of these two modifications of this instrument, especially among the better class of patients, is, that it can be worn under the clothing without being suspected, as, not interfering with the motions, and fitting so nicely to the parts, it is not noticed.

TREATMENT OF WHOOPING-COUGH.

In the *American Medical Times*, for July 20th, Dr. C. S. Shelton, of Springfield, Ill., has an article upon this subject.

In a recent epidemic of whooping-cough, Dr. Shelton made use of the extract of belladonna and sulphate of zinc in combination. He says, "I began with those under three years of age, with one-sixth of a grain of the extract and half a grain of zinc, four times daily, dissolved in water and gum mucilage. To those above that age, a quarter of a grain of the extract and a grain of zinc, increasing the dose, in some cases, to double the quantity, according as the child could bear it, but never beyond."

He concludes thus, "From my experience in the use of the extract of belladonna and sulph. zinc, though limited, I am led to the conviction that they possess peculiar power in reaching the seat of the disease, and that the whooping-cough need not 'run its course.'"

The belladonna is not a new remedy in whooping-cough. Dr. Jackson, then of Northumberland, spoke highly of it in the *American Journal of Medical Sciences*, as early as August, 1834. Dr. Hiram Corson, of Montgomery Co., Pa., has an article upon the subject, in which his experience with the remedy is given, and the belladonna highly recommended in this disease, in the *American Journal of Medical Sciences*, for October, 1852. Since 1852, and after reading Dr. Corson's paper, we have used the belladonna in every case of whooping-cough for which we have been called upon to prescribe. The effects of the remedy have been so uniformly happy and successful, that we have been greatly pleased with it, and sought no better or milder means of cure. We have usually combined it with some expectorant, as senega, antispasmodic, as assafœtida, or special alterative, as nitric acid. Whether the zinc is an important addition remains to be seen. In a few instances of feeble children, we have given quinine in conjunction with belladonna, and we have been quite confident that the remedy had other influences than that of a tonic. We think it can be often used with advantage.

CONSUMPTION.

In the *Pacific Medical and Surgical Journal* for May, Dr. James Blake has an article upon the treatment of phthisis. With us, he believes that out-door exercise, pure air, sun light, and proper diet, are of more consequence in the treatment of consumption than all other medicines besides. We make a quotation or two: "my own experience is, that we had less phthisis here in the days of frame houses and canvas linings, when every breath of Heaven would find its way in-doors with very little trouble, than we have since bricks and plaster, and grooved and tongued flooring have offered an effectual barrier to the entrance of the external air."

Dr. Blake advises that several phthisical patients associate themselves together, procure wagons, horses, tents, &c. Camping out, sleeping in the open air, he regards as of the first importance in the treatment of phthisis. Full directions are given for exercise, camp equipage, diet, &c. Of food, he says: "the principal dependance for food, however, must be on the rifle of the hunter, but every one should carry a light shot-gun for killing small game, and also as an incentive to exercise, and to wile away some of the hours of a camp life. As most of the mountain streams contain trout, hooks and lines should be provided."

On former occasions, our opinions have been expressed in full in regard to the nature and treatment of tubercle. We believe that a cool climate is preferable to a warm one. We would much rather send a consumptive friend to St. Paul or to Canada, than to Havana or other tropical regions. We would much rather they would live and sleep out-door, than to house up where the sun-light and pure air of heaven

cannot reach them. To the consumptive we would say, take active exercise in the open air daily—be not afraid of the cold. Labor, exposure, fatigue, invigorate the digestive organs, and give a relish to food. The emaciated consumptive cannot regain his flesh, save through the influence of a full and nutritious diet. This cannot be taken to advantage, unless the appetite and the powers of digestion and assimilation can be augmented. Constant, daily, outdoor exercise—fishing, hunting, camping out, are admirably adapted to develop a healthy appetite, and give tone to the digestive and assimilative functions, and the food which the rod and the gun may bring to the larder, is equally admirably adapted to give strength, and vigor, and tone to the enfeebled and wasting frame. In regard to eating and exercise, we quote one remark: "At the proper hours, they (the consumptive) may eat all they want, nor should they measure their allowance of food by what they have been accustomed to eat when living in houses. If they can eat with an appetite a pound or two of venison at a meal, it will do no harm. Although generally a small eater, I have taken as much as four or five pounds of buffalo meat at a sitting, and have not felt more inconvenience from it than I would after a plate of soup and a mutton chop; and I have seen Indians eat as much as ten pounds of meat at a meal, using at the same time half a gallon of wild honey as a sauce—such is the invigorating effect of living in the open air on the digestive organs. Regular exercise must be taken *to the full amount that the strength will admit;* a walk of from *four to five miles* should be taken *twice a day;* riding is also a useful exercise, but should never be allowed to supersede walking." . . . . "All sleeping should be done in the open air, except in wet weather." . . . . "There are many who have the means to enable them to command the necessary attendance, and to whom camping out for a season or two *affords the only chance of life.*"

If our consumptives could only learn the most important of all lessons—how to work, to eat, and to sleep, all to advantage, they would have but little use for cod-liver oil, iron, tonics, expectorants, sedatives, &c.

With one more quotation, we conclude our notice of this paper. "Now, I think we may conscientiously tell those of our patients who have any chance of recovery, that when living out in our mountain air they are doing far more to re-establish their health than anything we can do for them. Living out of doors is the best remedy they can employ for their bronchitis; sleeping in the open air is the best preventive of night-sweats; combined with exercise it is far more efficacious than morphine in procuring sleep, and infinitely surpasses bitter infusions in improving digestion."

A great majority of persons reason wrongly in regard to phthisis. They think they must avoid labor, must avoid exposure, must avoid fatigue, that they can gain strength and flesh, and recover health by housing up, by rest, idleness, inaction. It is by such means that the constitution is enfeebled, the health impaired. It is by judicious exercise, prudent exposure, and reasonable labor and fatigue, that the physical energies are invigorated and strengthened. Under the influence of active exercise and a cool climate, the consumptive invalid feels imbued with new energies, and has a desire for hearty food, and a capacity to digest it before unknown. Dr. Hayes, who accompanied Dr. Kane in his Arctic Expedition, said he had never seen a case of tubercular disease among the natives, and this is doubtless due to the labor and exposure incident to their manner of living, and the great consumption of fatty food which the climate and their habits enable them to relish and to digest. Had we phthisis, and if we cared to live, we would far rather take our chance, compelled to labor in the pine forests of the north-west, and subject to all the incidental exposure, than to be privileged with idleness, and all the luxurious indulgences that can be secured to an in-door patient in a tropical climate.

EXTRACT OF NUX VOMICA.

In the *Boston Medical and Surgical Journal*, for July 25th, Dr. H. T. Cummings has an able paper on the *progress of materia medica.* We copy one remark in regard to nux vomica: "The extract of nux vomica has been much used of late years as an ingredient in pills, communicating, as it does, tone and contractility to the torpid muscular fibre of the intestines; but possibly some may have met with disappointment in its use. Let one precept remain impressed on your minds whenever you order the extract of nux vomica; call for the *alcoholic* extract, and you will not be so likely to meet with disappointment in its use. The *aqueous* may be cheaper, but it is dear at any price, as it is almost, if not quite inert and worthless." We have never used either, and we advise any one to use *strychnine*, and that in solution. We use strychnine much and often—we use a solution of definite strength, say one grain to the ounce, and it never disappoints us. Extracts are of such variableness that we do not like to trust to them when using medicines of such power as nux vomica.

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DANGEROUS COSMETICS.

At a recent sitting of the French Academy of Medicine, Dr. Réveil read a paper "On the Necessity of Preventing Perfumers from Selling Poisonous or Dangerous Articles," which should be exclusively left to the responsibility of regu

lar chemists, and not sold without a physician's prescription. "To show the danger there is in allowing the unchecked sale of certain compounds," he said, "I need but state that arsenic, the acid nitrate of mercury, tartar emetic, cantharides, colchicum, and potassa caustica, form part of their ingredients. The kind of soap called lettuce-soap, which is sold with the announcement that it has been acknowledged by the Academy, does not contain the slightest trace of lettuce. This and other soaps are all colored green by the sesqui-oxide of chromium, or of a rose color by the bi-sulphuret of mercury, known as vermilion. Some, which are cheaper, contain 30 per cent. of insoluble matter, such as lime or plaster; while others contain animal nitrogenous matter, which, having escaped the process of saponification, emits a bad smell when its solution is left exposed to the air. The various toilet vinegars are so far noxious that, being applied to the skin still impregnated with soap and water, they give rise to a decomposition, in consequence of which the fatty acids of soaps, being insoluble in water, are not removed by washing, become rancid, and cause a chronic inflammation of the skin. The preparations employed for hair-dye under the pompous names of 'African water,' 'Florida water,' etc., all contain nitrate of silver, sulphur, oxide and acetate of lead, sulphate of copper, and other noxious substances. All cosmetics for removing hairs or freckles are dangerous; the *lait antéphélique*, for instance, contains corrosive sublimate and oxyd of lead. Were a chemist to deliver such a remedy to a customer without a regular prescription, he would be liable to a fine of 6000f."

Dr. Réveil concluded by expressing his regret that certain physicians should so far forget their own dignity as to lend the support of their names to such noxious inventions.—*Galignani's Messenger.*

DEATH FROM ONE GRAIN OF ACETATE OF MORPHIA.

On the 31st of May, an inquest was held at the Bank of England Tavern, Cambridge-place, Paddington, on the body of George Cooper, aged forty-five. It appeared from the evidence that the deceased had been an out-patient at St. Mary's Hospital for pains in the face, caused by carious teeth. On the Wednesday week preceding, he had been ordered by Dr. Sieveking, whom he had visited at his own residence, to take a pill, which he obtained from the assistant-dispenser at the hospital. This was the ordinary pill, kept ready made, containing one grain of acetate of morphia. He took it about 12 o'clock at night, and about 3 o'clock he complained, and expressed regret at having taken it. He shortly afterward fell asleep, and his wife could not succeed in waking him until 8 o'clock at night, when he appeared very wild, and made a strange noise in his mouth. He was removed to the hospital, and, notwithstanding the remedies used, he died about 4 o'clock, P. M. A post-mortem examination was made by Mr. Rogers, who deposed that the urine was albuminous, and that the kidneys were in a highly-diseased state, the morphia acting upon which had been the cause of death. No suspicion had been entertained that the deceased was suffering from diseased kidneys. The jury returned the following verdict:—"That death had been caused by misadventure, congestion of the brain having been produced by morphia taken as a medicine."—*Dublin Med. Press.*

REVIEWS AND BOOK NOTICES.

Hand-Book for the Military Surgeon. Being a Compendium of the Duties of the Medical Officer in the Field, the Sanitary Management of the Camp, the Preparation of Food, etc.; with Forms for the Requisition of Supplies, Returns, etc.; the Diagnosis and Treatment of Camp Dysentery; and all the Important Points in War Surgery; including Gun-shot Wounds, Amputation, Wounds of the Chest, Abdomen, Arteries, and Head, and the use of Chloroform. By Chas. S. Tripler, A.M., M.D., Surgeon U. S. Army, and George C. Blackman, M.D., Professor of Surgery in the Medical College of Ohio, etc. Cincinnati: Robert Clarke & Co., Publishers. 1861.

It is remarkable with what rapidity our want of works on Military Surgery has been supplied. Until within a few weeks past, we possessed really no medico-military literature of more modern date than almost half a century, but unfortunate events have produced a sudden demand for such literature, and for the emergency three excellent works, from able sources, have been quickly brought forth.

Much originality could not be expected on the subject from American Surgeons, inexperienced as they are in the surgery which is the result of the strife of arms, yet the national characteristics of inventive ingenuity has repeatedly shown itself in contriving much that is new for health and comfort of soldiers.

In peaceful times, the strictly military surgeon has but little opportunity of seeing practical surgery, whilst the civil surgeon learns nothing of the peculiar duties of the military surgeon. This work bears on its title-page the name of an experienced military surgeon, and also that of a prominent surgeon in civil life, and the promptness with which they have brought it forward at this time of need is creditable to the authors. Such a book is needed by every newly appointed military surgeon, and its pages should be his intent study. The physician in accepting a military appointment assumes a responsibility probably greater than

most positions in civil practice. His duties are more than those of the mere medical attendant to the soldier in his illness. His more important duty is to prevent disease. "The military officer is charged with the whole sanitary care of his corps. He is not to suppose that he is to sit in his tent, and when called upon to see a patient, he is to repair to the bedside of the sick, prescribe and retire, as in civil life. On the contrary, he is most valuable when having carefully reflected upon the laws of hygiene, so that he has them at his finger's ends, he is ready to apply them to the emergency before him, so as to afford to the troops under his immediate charge, the greatest possible security against the invasion of disease. Nothing so much embarrasses the operations in a campaign as a large sick report. Upon marches, the sick require transportation and nursing. Every nurse is an effective man lost to the fighting force. Every wagon employed in the hospital department, is so much lost to the supply train of the army. To limit this loss as much as possible, should be the constant effort of the zealous medical officer."

Another duty of the military surgeon, too little thought of or exerted, is the exercise of his moral influence. Although his strictly military rank may not be great, his influence in some directions may be powerful. His scientific acquirements must insure respect, and his moral influence cannot be lost.

The most eminent military surgeons have been men of exemplary character. Napoleon once said of Larrey, the great surgeon of his wars, that he was "the most honest man he ever knew." Whilst the immediate effect of war is to brutalize and destroy, let the votaries of the science which tends most to benefit and alleviate the sufferings of humanity, use their efforts to counteract its demoralizing tendencies.

The remarks on military hygiene and the preservation of the health of troops, being by an experienced military surgeon who has seen arduous field service, are of a very practical character. The chapters on diseases peculiar to camps are those which will most impress the tyro. Were it not for the real experience of the author, which should allow him to be heard as an authority, and our own total inexperience of camp diseases, we should have something to say in regard to his aphorisms in relation to the treatment of dysentery. He says: "when a man is attacked with any form of camp dysentery, my constant practice is to give at once a purgative dose of sulphate of magnesia, ℥j, combined with ¼ to ½ grain of tartar emetic. If this does not produce copious catharsis, I repeat the dose the next day or the day after." We would particularly direct the attention of military surgeons to the author's recommendation of Fowler's arsenical solution in the treatment of chronic diarrhœa.

The remarks on gunshot wounds are generally on the authority of the great European authorities, as Hennen, Guthrie, Stromeyer, McLeod, and Baudens, and present little from original observation. The chapter on the use of chloroform is from McLeod's Notes of the Surgery of the War in the Crimea, and is, as may be supposed, in favor of the use of anæsthetics in military surgery. As most of our army surgeons are not fogies, but young men who have become familiar with the use of anæsthetics, the wounded in the present strife will, it is hoped, have the unrestrained use of this blessing—one from which our wounded countrymen in the war with Mexico were generally, by ignorance and prejudice of surgeons, debarred.

An appendix, giving the full routine of the duties of army surgeons, copies of forms, etc., conclude the volume.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, AUGUST 10, 1861.

THE HEALTH OF THE ARMY.

The "Sanitary Commission" are holding frequent sessions at Washington, for the purpose of listening to the reports of the committes appointed to inquire into the condition of the commissary and hospital departments of the army, and of rendering such advise and council as in their judgment shall best promote the health of the thousands of men that are now gathered and gathering into camp at Washington, at Alexandria, at Cairo, at Fortress Monroe, and at other places. If they shall accomplish no other good, they will, at least, demonstrate how utterly inadequate are all the regulations of the army to procure hospital attendance and supplies for the sick and wounded soldier. Indeed, the Government, in its creditable eagerness to supply the soldier with the most approved weapons of deadly strife, seems almost to have forgotten that he is liable to disease and to wounds, and has neglected or is slow to furnish those luxuries, or even the comforts, which will tend to alleviate his sufferings, and perhaps save his life. The only fund from which hospital attendance and supplies, by the army regulations, can be procured, arises from the sale of surplus rations, unconsumed by the corps for which they are drawn, and, in consequence, it is only those hospitals which have been long established which have any

fund for such expenditures. The recently-formed camps are, hence, almost entirely destitute of supplies or attendance, and are dependent upon the generosity of the public. They have their surgeons, who are supplied with instruments—meagrely indeed—and with such remedies as experience indicates are ordinarily required. They have their ambulances and stretchers, perhaps, and the mechanical appliances for dressing a wound, tying an artery, or amputating a limb; but, further than this, Government makes no provision till actual necessity requires, and then only from the fund of which we have before spoken. If no such fund has accrued, the wounded soldier may writhe in his agony, or welter in his filthy dressings, till death shall relieve him from his sufferings, or his groans shall have reached the ears of friends far away and brought a response.

With all the liberality of its unbounded munificence, the Government places good and trusty weapons in the hands of its soldiery, and takes special care also to supply them with powder and ball, with shot and shell; and of all those necessary articles there is no lack whatever. But for the unfortunate man who is wounded by any of these war-appliances, the provision is meagre indeed. Happy is it for him if the thoughtful affection of a mother or a sister has placed in his knapsack a bundle of linen, a roll of bandage or lint, a sheet, a towel, which can be used to staunch his wounds or afford him a change of dressings, or for his hospital bed.

Such facts as these come to our knowledge through the developments of the Sanitary Commission, and if no other good shall result from its formation, it will have directed the attention of the people, and, we trust, the Government, to this notorious and criminal defect in our "army regulations," and lead to the adoption of measures which shall wipe out the stain which now attaches to us of providing less for the health and comfort of our soldiers than we do for our own households. The man who should locate his family in the midst of a contagious miasm, and but partially supply them with the remedies which will ward off or control its attacks, would be justly reprehensible; and why not a government which doles out a mere pittance of comfort or luxury to him who is honorably wounded in its service? We marvel that it has been reserved to this age of our existence as a nation, to bring out these facts, and to occasion such a grand outburst of sympathy for those who rally to defend its banner.

Thanks to the *people*, not to the Government, to the ladies of our cities and our inland villages, the hospitals where lay the sick and the wounded are, to day, systematically and well supplied. More than 4,000 articles of linen, cotton and woolen fabrics have been distributed since the last disastrous battle, and, what is most grateful in these suffocating "dog days," an abundance of ice has been sent in gratuitously, from New York and Providence, and it is distributed unsparingly. The hospital beds have been supplied with sheets, and an air of comparative comfort and neatness pervades all the hospitals in and about the Capital.

But notwithstanding we are permitted to record so commendable progress in the right direction, in so far as the supply of immediate wants is concerned, there is yet much to be done to bring to perfection the sanitary system of our army. What has been done is only the beginning. The radical defect is in the "army regulations" upon this point, and, until this is remedied, no permanent good can result. Complaints still exist in regard to the food furnished, not so much as to quantity, (for that is *abundant*,) as to *quality*. The rations served out to the soldier are not always such as the epicure would fancy, and many times such as would be quite offensive to the nostrils of decency. Bread or sea-biscuit, coarse, hard; vegetables, few, if any; beef, furnished upon contract at $3.90 per cwt., which should not be bought for less than that at the farm house, poor and lean. Indeed, so notorious have these complaints become, that in one of our central rendezvous for recruits, a commanding officer has been compelled to pledge himself that there shall be no tampering or peculation with the soldiers' rations under his command, as an inducement to new recruits and to re-enlistments.

We give utterance to these facts, not in any fault-finding spirit, but with an earnest desire that by the correction of all the evils which

make their appearance, the health of the army may be preserved, that our young men who go out from among us in all the bloom and ardor, and vigor of youth, may not return to us, if such be their lot, broken down by the easily remedied evils of our sanitary regulations, into premature old age, or consigned to an early grave. To accomplish these results, in the present there is need of "the uninterrupted presence, the personal watchfulness, and the rigid authority of regimental and company officers." This, through the indefatigable exertions of the General Commanding, the army will now have. To remedy the evils in all future time, the army sanitary-regulations must be entirely remodelled, and the health of the army must occupy as prominent place, as its clothing, its rations, or its armament. Else the army will become simply "a crowd of armed men."

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EDITORIAL NOTES AND COMMENTS.

The Canadian Parliament, which has hitherto stood firm against all the assaults of "quacks" and pretended "reformers" in medicine, has at last succumbed to the persistent attack. By a singular *ruse du guerre*, the whole fabric of legitimate medicine in the province is razed with the ground, and the door thrown wide open for the admission of every peripatetic dunce that can wag under a bundle of roots, if so be he come in labeled "Eclectic." The *ruse* by which this disastrous and shameful result was produced is as follows:—Dr. Hermanus Smith, dubbed with the title of "M. D.," from "*some American college*," (we hope that is not true,) by some hocus pocus got himself elected member of the Legislative Council, and made himself conspicuous in his advocacy of the bill legalizing the eclectic practice of medicine. "At the last moment, when the tide had fairly set against the bill, says the *British American Journal*, he rose and began by instituting a comparison between religion and medicine, arguing that, as there had been but one religion established by our Lord, it yet became, afterward, subdivided into numerous sects, in accordance with the varying opinions entertained, and that Christianity flourished the better in consequence. He then applied these assumptions [and we are amazed that they should have been taken as anything but assumptions of the baldest kind, and therefore unworthy of reception as arguments] to medicine; considered that men had a right to establish any system of medicine which they thought best; and that one system was just as good as another. Such opinions, enunciated by one who was supposed to be a physician, took the Council by surprise, swayed many a vote, and carried the bill."

We can sympathize with our cotemporary when he contemplates the arduous labor of years thus apparently thrown away. We have seen one after another of the excellent barriers erected by the wisdom of the past against the inroads of quackery, torn away by legal enactments; and we have mourned over the sad results which have followed, both to the dignity and respectability of the profession, and to the welfare of the community; but it has taught us this lesson, that law is too slender a foundation on which to build the superstructure of medical science, and that "a wise and cautious discrimination, an eclecticism of the truest kind, guided by every light which science, in its most extended application, can bring to bear," and which appropriates to itself every thing of value around it, is the surest road to success in our noble profession.

The Richmond (Va.) *Enquirer* says there are seventeen surgeons of the Federal army in prison in that city, and that some of them are released for the purpose of attending upon the wounded of our army. From a statement of Edward P. Doherty, a prisoner who made his escape, we learn that all the dead upon the field of battle were decently buried by the confederates, though the work was not completed until Thursday after the action. From the same source we also learn that our wounded were diligently cared for by the confederate surgeons, in connection with the surgeon prisoners of our army, and that bottles of liquors and delicacies were presented to the latter for the benefit of our wounded soldiers. Also, that the people of the neighborhood visited the hospitals, bringing with them soup, gruel, eggs, cakes, etc.

The statement of the Medical *Times* that Surgeon Powell, of New York, was brutally murdered while attending to his duties, we do not find to be confirmed, and trust that the history of the present war may not be blackened by so infamous a deed as the wanton destruction of a life humanely devoted to the preservation of that of others. The badge of surgeon should

always be held sacred, and they who violate it ought to be visited with the severest vengeance of heaven.

We are the more pleased to be able to record these facts, because statements to the contrary have obtained circulation, and because they indicate, that even in the progress of a civil war there are some green spots yet visible in our common humanity.

The ergot of wheat is substituted for that of rye, by some of the practitioners at Claremont Ferrand, in France, with great advantage. It is larger, rounder, and harder than the rye, and the odor is less disagreeable. It attracts moisture less, and retains its activity longer after being powdered.

A city daily says:—"More frequent and thorough cleansing of the streets would conduce greatly to the comfort and health of the city, while affording employment to a class now much in need of it, though this should be done by constraining the derelict contractors to fulfil their obligations, without additional expense to the city."

The above paragraph reveals one of the reasons why dirt and filth are allowed to accumulate in the streets, avenues, and lanes of our city. The "contractors" fail "to fulfil their obligations." In the name of humanity then, we ask the proper authorities to "constrain" them to perform their duty. In the sweltering heat that is now upon us, let it not be said that we are *cultivating* disease and death in our midst, or that we suffer ourselves to be taxed, or pay for labor which contractors do not perform.

"C. J. W., Jr., publishes in the *Germantown Telegraph*, the following meteorological observations for July, which may form an interesting record for our readers:

Maximum height of the thermometer,			89 on the 8th.
Minimum	"	"	53 on the 3d
Mean	"	"	71·59.
Maximum	"	barometer,	29·85 on the 4th.
Minimum	"	"	29·40 on 20th.
Mean	"	"	29·67.
Quantity of rain fallen			3·07 inches.

Remarks.—Number of fair days, 17; number of cloudy and partly cloudy days, 14; number of days on which it rained, 10.

The prevailing winds have been from S. to W. 11 days, and from N. to W. 10 days.

For the past three years the month of July has been remarkable for the uniformity of its mean temperature, it having varied during that period but the fraction of a degree—indeed so decidedly is this the case, that the mean temperature of the present month, is almost identical with that of July 1860—and both are extremely moderate for the warmest month of the year.

Substitute for Lint in Military Surgery.—An excellent, cheap and convenient substitute for patent lint for dressing gunshot, or other wounds, is a material which we propose to call *perforated muslin*. It is prepared by simply folding several yards of muslin many times, and with a small punch and mallet, perforating it with numerous holes at a very short distance apart. Much of the substance of the muslin is removed by the punch, and it is rendered seive-like or reticulated in appearance. It makes an admirable, light and airy dressing for wounds, and several thicknesses may, if necessary, be used to absorb purulent discharges. It has the great advantage for military surgery of cheapness, and ready preparation from materials which can always be conveniently at hand.

We were indebted for the suggestion to a correspondent of the London *Lancet*, and have thoroughly tested its efficiency in the surgical wards of the Philadelphia Hospital. For some purposes we prefer it to any other material for dressing wounds, particularly in our favorite *dry dressing*.

Correspondence.

ALBANY MILITARY HOSPITAL.

During the month ending June 30th, 1861, There have been treated 694 cases of disease, nine of which resulted fatally.

The following is an abstract taken from the monthly report to Surgeon Vanderpool:

	Cases.	Deaths.
Intermittent Fever, - -	9	0
Rubeola, - - -	315	1
Diphtheria, - - -	51	1
Pneumonia, (Typhoid,) - -	45	1
Double Pneumonia, (Typhoid,) -	9	5
Cerebra Spinal Membrane, -	2	1
Rheumatism, - - -	20	0
Erysipelas, (Typhoid,) - -	10	0
Parotitis, - - - -	45	0

Little treatment was required except such as assumed the typhoid condition, when the stimulus and stimulating diet was resorted to.

Rheumatism, which is usually protracted, has yielded readily to the following: Some of

the cases were typhoid from the commencement. Nearly all convalescing in from six to ten days. The treatment consisted of acetate, iodi. and nitrate potassa and anodyne, to allay pain and produce sleep. In some cases gave, in addition, quinine, and in some vini. colchicum. In others, both in conjunction.

Diet good and nourishing, with stimulus, milk punch, or wine and water.

Most of the deaths which occurred during the month were from a complication of diseases. For example:

Case 1.—Patient is a stout, healthy man, but subject to paroxysms of cerebral congestion. The night before his admission he had one which lasted about an hour. When brought to the hospital noticed nothing particular about patient; his appetite was good, bowels open; tongue did not denote any gastric derangement, and pulse at the healthy standard. He complained of pain over the eyes. Cold applications were prescribed with quietude. Two days after he had a paroxysm. Gave chloroform. After this he had no return of these paroxysms. On the fifth day rubeola made its appearance, with typhoid symptoms, and pulmonary congestion. Gave wine freely, with beef tea, and milk as diet. Also gave mindereri and morphia. Three days after, symptoms of double pneumonia appeared, with a condition decidedly typhoid. Applied blister to chest; continued stimulus and nourishing diet. Gave morphia to allay cough and diminish pain. This treatment was continued, with slight variation until he died, fifteen days after admission.

Case 2.—Patient came in exhausted from hemoptysis. Gave gallic acid, applied mustard to chest, kept head and shoulders elevated; also gave stimulus. He improved for three days, so as to walk around the ward, when he was attacked with a violent paroxysm of coughing, followed by delirium, picking the bed clothes, striking at the bystanders, and talking incoherently. Pulse quick and compressed, anxiety of countenance, nostrils dilating at each inspiration.

On examination, the left lung was found greatly congested. Mustard was applied, and stimulants given freely; he soon rallied. The next day blister was applied to chest. Spirits mindereri and morphia given, with wine and ice, as punch could not be retained.

On the fourth day after admission, rubeola appeared, and on the ninth we examined his throat, and found the fauces and palate covered with diphtheria, and typhoid symptoms well marked. Gave chlorate potassa gargle, with the acid drink, and stimulus by mouth and rectum. The membrane extended down the trachea, and he died from apnœa on the 11th day after his admission.

Case 3.—Patient came in with delirium tremens. Gave him stimulus freely, as his pulse was quick and weak, and also morphia to quiet him. Next morning his tongue was dry and crispy, teeth covered with sordes, great difficulty in breathing. Upon examination found double pneumonia. Applied blister to chest, and gave stimulus by mouth and rectum. He died that night two days after admission.

Case 4.—Patient came greatly prostrated, countenance sallow, pulse quick and feeble, tongue dark, dry and crispy; teeth covered with sordes; urine scanty and dark; slight difficulty in breathing; has no pain. Gave punch freely, with morphia, to produce sleep. On the second day of his admission, violently delirious, subsultus-tendinum; also, opisthotonos; pulse jerking; skin covered with a cold perspiration. Gave wine freely, with brandy and beef tea. Injections every hour. This state continued for several days; during the time his drink had to be forced down. Six days after admission, he became conscious, taking his food and medicine better. He continued in this way for three days when he began to sink, and died on the tenth day.

It will be noticed that there is one death from rubeola. This patient was as well as any in the hospital at the evening visit. During the night he stole past the nurses into the yard, washed himself all over in cold water and drank largely of the same, and despite the attention of the resident physician, was dead before my arrival at the bed-side. The above happened at the Broadway Hospital.

By way of illustration, the following cases of recovery, from like complication of diseases, are respectfully submitted:

Case 1.—Patient was brought in greatly prostrated, with symptoms of pneumonia of a typhoid character. Applied fomentations to the chest; gave stimulus freely. Next day pneumonia continued; applied blister over lower lobe of right lung; gave morphia to allay pain and cough; continued stimulus with beef-tea. On the fourth day he became delirious, with paroxysms of opisthotonos, subsultus tendinum; talking incoherently. He remained in this condition for four days, when consciousness returned. Same treatment continued. He continued to improve, and was discharged cured twenty days after admission.

Case 2.—Patient came in with a small spot, evidently "erysipelas," on the side of the nose, which spread rapidly over the face, scalp, neck, and into the throat, producing great difficulty in deglutition. Painted external parts with zinc, iodine, and applied fomentations, also, blister to the throat. Gave tinct. ferri sesqui chloridi gtts. x every two hours, with wine and wine whey, also beef-tea, and injections of the latter with brandy. By this treatment he soon

began to improve and was discharged cured on the eighteenth day after admission.

Case 3.—Patient is a robust young man. He was brought here suffering with diphtheria, which attacked him the day before, and during the twenty-four hours made rapid progress, the membrane covering the entire palate and fauces, rendering deglutition difficult and painful; the greatest difficulty experienced in administering fluids, a portion being returned through the nostrils. The patient exhibited symptoms of fever, of an inflammatory type. Gave some acid solution as detailed in *Medical Surgical Reporter* for June, 1861, p. 273. Gave ale as gargle, and beef-tea and milk as diet. In two or three days the slough began to come away, pulse fluttering; gave punch more freely, also chlorate of potash gargles. The patient continued to improve until the nineteenth day after admission, when pneumonia of a typhoid character, appeared in the right lung, which soon extended to the left. The usual treatment was resorted to.

The condition of the patient at present, (he still remaining in hospital,) is of a cheering character. All signs of diphtheria have entirely disappeared, and he has commenced to rally from the prostrated condition, consequent upon double pneumonia. His appetite is good, pulse more regular, and in general features exhibits every appearance of early convalescence.

There are many more cases well worthy of notice, but tbe above are typical of the character of the diseases, and mode of treatment.

In conclusion, I would call your attention to the able and efficient services rendered by the House Physician and Surgeon, Doctor I. Birdsall, and his mate, Doctor L. C. Dodge, both in the sick room and in keeping a faithful record of all important cases.

NEWS AND MISCELLANY.

The number of deaths in Philadelphia for the week ending August 3, was 414, which is a much larger number than occurred during the corresponding week of last year, and an increase from the week ending July 27. As in New York, so here, the large proportion of the mortality is among children. The number under one year was 167. From one year to ten, the deaths were 118; from ninety to one hundred 5; over one hundred 1. Of the whole number, 336 were natives, 61 foreign, 17 unknown.

The same causes operate here, no doubt, as in New York, to produce the mortality among children, but not probably to so alarming an extent.

Army Examination.—At the examination held at Harrisburg on Tuesday last, sixty-eight candidates presented themselves.

Pennsylvania Medical College.—The faculty of this institution is being reorganized.

The following Buffalo Physicians are in the army and navy:—Charles H. Wilcox, Surgeon 21st Reg. N. Y. State Vol.; Joseph A. Peters, Ass't Surg., do.; Lucien Damainville, Ass't Surg., 31st Reg.; Aaron J. Steele, Ass't Surg. under Gen. Mansfield; Charles K. Winnie, Ass't Surg. U. S. A.; Samuel D. Flagg, Ass't Surg. U. S. Naval Hospital, Brooklyn; Newton L. Bates, William Howell, Ass't Surgeons waiting orders; Ira C. Whitehead, Surg. Revenue Cutter Vixen, cruising.

The following Assistant Surgeons in the navy have been confirmed:—

Arthur Matthewson, Connecticut; Archibald C. Rhoads, New York; Michael Bradley, Pennsylvania; Newton L. Bates, New York; Frederick E. Potter, New Hampshire; Adrian Hudson, New York; William Howell, New York; James H. Finkham, New York; Alex. Hutchins, New York; Charles O. Carpenter, Connecticut; John Wilson, Pennsylvania; Samuel D. Flagg, New York; Wentworth R. Richardson, Maine; Absalom W. H. Hawkins, Pennsylvania; Harvey D. Burlingham, New York; Henry M. Wells, Massachusetts; John Otis Burt, New York; William C. Lyman, Massachusetts; William H. Leavitt, Massachusetts; Jacob H. Gottwald, Pennsylvania; James H. Macomber, Massachusetts; Edward S. Bogert, New York; Grove S. Beardsley, New York; Thomas H. Whitney, New York; Adoniram B. Judson, Pennsylvania; James S. Knight, Delaware; Walter K. Scofield, Connecticut; Henry Ackley, Pennsylvania; Almond O. Leavitt, New Hampshire; Edward M. Stein, New York; Edward S. Matthews, Pennsylvania; Charles H. Coved, New York; Jeremiah R. Little, New York; Wm. Lamont Wheeler, New York; Aaron S. Oberly, Pennsylvania; Walter B. Dick, Pennsylvania; Sam'l B. Tuthill, New York.

Passed Assistant Surgeon Thomas J. Turner, to be a surgeon in the navy from the 16th day of June, 1861, in place of Surgeon James F. Harrison, stricken from the rolls.

The Buffalo Medical and Surgical Journal and Reporter, Vol. 1, No. 1, has just made its appearance as a new candidate for medical favor. It is designed to fill the place of the *Journal*, merged some time since in the *American Medical Monthly*, New York. We wish it the greatest success in so far as it contributes to the general stock of medical literature, but venture to suggest that the name (Reporter,) which it has assumed, is one which has proved fatal to *every* journal that has used it after *ourselves*. We could give particulars, but *verbum sat sapientiæ*.

Chloroform, according to Mr. Grave (*Répertoire de Pharmacie*, Mai, 1861) has the property of modifying the taste of certain bitters, and when added to tincture of aloes, gentian, or the sulphate of quinine suspended in water, it nearly altogether removes the bitterness.

Southern Dispensary.—Dr. Hoehling has resigned his position in this Institution, and been appointed to a Surgeoncy in the Navy. This resignation leaves a vacancy in the District between Sixth and Twelfth streets, and below South street. Applications for the position may be directed to the Hall of the Dispensary, in the Moyamensing House of Industry, Catharine street, above Seventh, or to the senior attending physician, Dr. Albert H. Smith, No. 31 N. Twelfth street.

Dr. H. H. Childs, of Pittsfield, Mass., the venerable Lecturer on the Theory and Practice of Medicine, at Woodstock, Vermont, and at Pittsfield, who is now about eighty years of age, lately performed the operation of removing a cancerous tumor from the face of Mrs. Kemps, of Florida.

Compound Fractures of the Femur from Gunshot Wounds.—It is hoped that the rule, insisted on by many surgeons, of amputation in these injuries will not be hastily adopted by our army surgeons. The only report of such cases which we have yet seen, is of two which occurred at the fight at Great Bethel. These have both recovered without amputation.

Prevention of Accidental Poisoning.—A writer in the *Lancet* suggests a simple and inexpensive method of distinguishing bottles, containing poisons, which is applicable to those who are unable to read the label, or in case the label should be lost or erased. It is proposed that every druggist be required to put a *red-varnished cork* into every bottle in which poison is sold. This simple plan is about as practicable as any that can be suggested. The adoption of peculiar kinds of bottles for the sale of poisons, which from their shape or color can be recognized, has, in England, been found not convenient, as persons will take to the druggists such bottles as they happen to have.

Suicide in the French Army.—The frequency of suicides which have taken place amongst the soldiers stationed at Paris has called forth the following order of the day:—"Soldiers—For some time past numerous instances of suicide have occurred in the first corps. The Marshal in command has been surprised and deeply afflicted at this, and he desires to state to the regiments under his command that such acts of weakness, committed with premeditation, are condemned alike by religion, morality, and duty to country. I have already told you, soldiers, and I repeat it, that God, our common Father, prohibits this. Passion, sensual violence, despair, will not excuse this abnegation of self. Are you not aware that man, and especially the soldier, exists only on earth to suffer? and you have not now courage to bear life with all its pains. The soldier who kills himself commits an act of cowardice and ingratitude. His life is not his own; it belongs to his country, which demands it of him, and which, in the hour of danger, relies upon the army. Do not give way to despair and weakness on account of some sorrow, or some fatal passion, still less for some disappointment or some punishment incurred in the service. Rouse your energies and let your soul rise above all its weaknesses. When these fatal ideas agitate your minds, when the struggle becomes too strong for you, seek me out and open your hearts, as you know I am always accessible to you. My soldier's heart will comprehend yours; it will save you from these cruel ideas, and will recall you to the sentiment of duty, and will preserve you for your family, for France, and for the Emperor, who loves and relies upon you.—*Magnan.*"

The weekly report of deaths in New York city for the week ending August 3d, was 585, exceeding by 88 that of the corresponding week last year. Of this number 413 were children, of which 336 were born of foreigners. "This fact, says the *World*, tells its own story. Those little ones were the victims of poverty, foul air, improper diet on the part of nursing mothers, swill milk, and the green garbage in the shape of unripe fruit and vegetables, which has just made its appearance in our markets." Destitute of employment, unable to buy a particle of food, hungry to desperation, they seize upon whatever has the appearance of being eatable, and hence become the inviting prey of dysentery and diarrhœa, which sweeps them off.

As a local anæsthetic, Mr. A. Claisse uses a solution of camphor in ether, applied for about a minute by means of a small probang or similar appliance.—*Revg. Méd. Francaise et étr.*

The Aloe (*socotrina*) is frequently seen on the graves of the Turks, and is also often seen suspended from over the doors in Arabia, together with crocadile-skins. as insuring fortune and health to the inhabitants of the dwelling. The women also believe that it serves as an invitation to the prophet to enter the house.—*Dr. Landerer.*

The Dublin Medical Press records the untimely death of Surgeon Francis Rynd, on the Clontarf road, near that city. He was an able and an amiable man, and died much lamented.

At the late meeting of the Alumni of Yale College it was announced that the Scientific Department of that Institution had received during the collegiate year a second donation of $20,000 from Joseph E. Sheffield, Esq., of New Haven. The course of education in this Department is essentially that of the Polytechnic Schools of Europe, and is designed to fit young men for commercial and other practical pursuits, as well as for the direct applications of science.

M. Trousseau, an eminent physician of Paris, lately received 1,600 pounds for a single visit to a patient in Naples. The patient was dead when he arrived.

A Sea-bathing Infirmary has just been established in the neighborhood of Calais, France, where the scrofulous children of the Paris hospitals are to be sent during the season. An accurate account of the progress of each child is to be kept, so as to obtain valuable data as to the influence of sea-bathing, pure air, and good diet on scrofulous tendencies.

Sir Edward Greaves, it is said, was the first physician upon whom hereditary honors were conferred in England. He was made an M.D. at Oxford, July 8, 1641; was admitted a member of the London College of Physicians in 1653, and a Fellow in 1657. His patent as Baronet bears date May 4, 1645.

Professor Fergusson, lately elected one of the surgeons to the Royal College of Surgeons, London, has had his medical orthodoxy questioned, because he travelled in company with a homœpath to relieve a gentleman of retention of urine, when the regular surgeon had failed in attendance. He frankly admits the charge, and adds "I would hold my conduct unjustifiable if any evil or fatal result ensued from negligence or refusal on my part to render my surgical services in any important case where they might be required." At the same time he disclaims all belief in homeopathy, or having given any encouragement to homeopaths to consult him.

The Lancet quotes a correspondent of the *Times*, at Cairo, Illinois, as stating that the medical department of the Northern army had neither an ambulance, a cacasol, nor a mule litter. At the time the letter was written it may have been true, but it is now untrue. So far as we are informed, both armies are now well supplied with all these necessary appendages for the comfort and convenience of the wounded, and especially with the ambulance; several new inventions of which have been brought out by Yankee ingenuity.

The Medical Society of Caen has offered a prize of £20 for the best essay on the "Present state of Therapeutics, and on its Progress for the last twenty-five years." The essays may be written in French or Latin, and should be sent in before the 31st December, 1862.

MARRIED.

Farrar—Wheeler.—On the 29th ult., by Rev. J. P. Tustin, at the residence of the bride's father, in New Bedford, Mass., Dr. I. Farrar, of New York, and Addie M. Wheeler, of New Bedford.

Rhoads—Evans.—In Doylestown, on the morning of the 27th ult., by the Rev. Mr. Wheat, Dr. John S. Rhoads to Miss Sophia Evans, both of Doylestown, Bucks county, Pa.

McClellan—Collins.—In New Haven, Conn., July 29th, by the Rev. Dr. Strong, Samuel McClellan, Surgeon of the Fifth Regiment Connecticut Volunteers, to Charlotte G., daughter of Francis S. Collins, Esq., of the former city.

DIED.

Spackman—Suddenly, in this city, on Saturday evening, August 3, George Spackman, M.D.

Answers to Correspondents.

Dr. J. L. S., Pa.—The formula for making vinum sambuci, or Elderberry wine, may be found in almost any agricultural journal of the day. We append one of them, and add that we have no doubt any person, by this receipt, can make a "Vinum Sambuci" equal in all respects as a delicious beverage or as a medicine, to that so highly recommended from a neighboring State. The formula is as follows: The berries, when ripe, are picked by the stems, then stripped with the hands, or trimmed with shears. Next, they are mashed fine, which can be done by means of a pounder, similar to those used for pounding clothes. Let them remain until the next day, when the juice is pressed out in a cheese press, or any other convenient way. Next, boil the juice twenty minutes, skim it, and add four pounds of sugar in the gallon. When milk-warm, add a small piece of bread-crust that has been dipped in yeast. Let it stand three days, remove the crust, and the wine is ready for bottling. Age improves it. Some add spices to the liquor when boiled. This is a great favorite with the English.

Dr. C. L. S., Wis.—You will find our views given at length, upon the subject you refer to, in the Reporter for June 25 and July 2, 1859, and we have seen no reason since to change the views we then held. The College to which you refer is not classed among the regular medical colleges of the city, nor are its graduates recognized as regular physicians. The instructions given at that college may be, in the main, correct, and the intent no doubt is to qualify students thoroughly for the duties of the profession, but the impression is general among the regular practitioners of medicine in the city, and, so far as we are informed, out of it, that the time has not yet come for the recognition of that class of Doctors of Medicine. Our advice would be to treat such practitioners with great gallantry and respect, without recognizing them as belonging legitimately to the profession.

Dr. G. D., Pa.—We have seen the annual announcement of Jefferson Medical College, for 1861-62, and have assurances from the other Medical Colleges of this city, that the lectures will go on as usual during the winter.

Erratum.—On page 394, last week, second column, par. 4, read The wounded may be calculated at the rate of *ten* per cent., instead of *two*.

☞ We should have acknowledged, some time since, the receipt of a monograph from Dr. John O'Reilly. We have also received Vol. I., No. 2, Medical Communications, with the proceedings of the Sixty-ninth Annual Convention of the Connecticut Medical Society. A valuable production, and worthy a place in every physician's library. We have also received the Transactions of the Medical Society of the State of New York.

Communications Received.

New Hampshire—Dr. J. B. Davis. *Pennsylvania*—Drs. H. H. Riegel, A. Sheller, with encl., Geo. Deves. *Virginia*—Dr. A. C. McBeth. *Wisconsin*—Dr. C. S. Stoddard. *Rhode Island*—Dr. S. W. Francis, com. *Massachusetts*—Drs. L. Traver, Geo. Barrows, C. H. Spring, J. B. Chace. *New Jersey*—Drs. C. N. Moore, W. Jackson, with encl., W. E. Mattison. *New York*—Dr. W. E. Whitehead, N. E. Mutual Life Insurance Company, Drs. J. Farrar, G. B. Hammond, with encl.; Per John Hulme, Drs. D. D. Hamden, J. D. Covell, H. H. Purdy, J. Yale, J. B. Graves, M. Terrey, R. P. Brown, each with encl., O. C. Gibbs, Geo. D. Slocum, J. T. Calhoun. *Ohio*—Dr. E. Bonaparte, with encl.; J. Mitchell, with encl. *Maryland*—Dr. Wm. J. Evans, with encl.; J. L. Suesserott, with encl.; Per Luaine, Drs. Penrose, J. S. Albright, Rowe, Snyder, Wilmer, Hinkle, Conrad, Sender ling, Piper, McMaken, Scoffin, each with encl.

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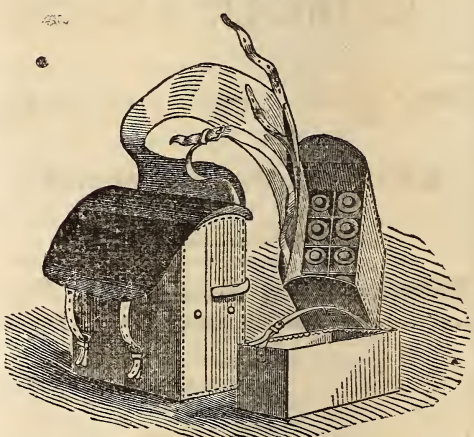

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 252. PHILADELPHIA, AUGUST 17, 1861. NEW SERIES, VOL. VI. NO. 20.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.,
Of New York.

(*Continued from page* 419.)

WATER AS A DRINK.

In this busy world, so full of folly and vain theories, few think at all of what is passing by, and if they do, scarce analyze or sound for depth of meaning. Often, by investigations trifling in themselves, may, what at first seems incomprehensible, be sifted — tested by the agent, common sense—and future usefulness becomes the blest result of present, calm reflection. The word WATER comes from the

Saxon	.	.	.	Wæter.
Danish	.	.	.	Vater.
German	.	.	.	Wasser.
Swiss	.	.	.	Vatten.
Goth	.	.	.	Wato.

and its significance is most easily comprehended; but in the Latin, *aqua* means more than a fluid; is more significant and philosophically expressive than the casual observer would at first suppose. The ancients, who derived cause and effect from all phenomena, and even maintained a mystery in their sage deductions, assert that:

quasi à quâ vivimus.

While others, equally indoctrinated, likewise said:

quasi à quâ sunt omnia.

Though Thales and Vanhelmont expressed it as their opinion that the source of nourishment and growth in all we see around us is entirely due to water, others sought a new version of the aged term and formed their own conclusions. Scaliger denies that the above is the meaning of aqua, and those equally qualified to judge, but influenced by wrong premises, state as a certainty that the name is due to its smooth surface.*

Ex eo quod superficiem æqualem.

Be that as it may, water is a product of nature; wine is not. Prof. McLean, of New Jersey, some time since, entertained the old theory:

"Alcohol, it is observed, is the product of nature, and, therefore, a "good creature in God," and to be received with thanksgiving," but the eminently classical views of a distinguished prize essayist† clearly show that it is the "product of *vegetable decomposition*," and consequently" is not eliminated from any living or natural process." Giving then water priority and exclusive utility, it is interesting to trace out the opinions of stoical philosophers and epicurean followers relative to the pleasurable sensations experienced while partaking of wine. To pass over the evil effects of Noah's two free imbibition; the sad consequence of Lot's excess in wine; and the awful results of Herod's feast of good things, we cannot refrain from quoting some fugitive expressions of bygone days, the emanations of heated imaginings and excited spirits.

The Emperor Maximinius, one of the great originals in heinous crimes during the most depraved eras of Roman power; so coarse, malign, and animal in his propensities, that he received the respective names of Cyclops, Phalaris, and Busiris, and was finally assassinated by his own soldiers,‡ ate every day, *forty* pounds of flesh and drank eighteen bottles of wine. How many of the four thousand seven hundred eminent citizens, slain to gratify the cruel cowardice of the dictator Sylla, owed their death to wine we cannot stop to say; but, like Nero Claudius, and "*Biberious Mero*," who was said by Seneca to have been drunk but once in in his life, (always) imbibition was his creed.

* Isodorus Liv. 20, orig. c. 3.
† Bacchus, by Ralph B. Grindrod.
‡ Bibliotheca Classica, art., Maximinius.

Marius, possessed of talents that had indicated better prospects for the country of his birth, wedded wine, and on his deathbed sought to drown the stings of stifled conscience by most copious drafts, which only serve to "produce insensibility, unfeelingness, and inhumanity," * and terminate in the "extinction of all Moral and Religious Principle." † To what a low state of ethics did the court of Persia fall during the reign of that inhuman king, Cambyses, who was capable of preserving a steady hand, when the powers of his mind surrendered up the body to the lust of all conceived desires. Though, according to the wide experience of one of the greatest American medical lights‡ "the first effects of spirits upon the mind show themselves in temper—after a while they lose the moral sense," one of the best descriptive views of this sad influence may be read with thought and studied by the man of "easy habits." The poet says:

§ "Unhappy man, whom sorrows thus and rage,
Two different ills, alternately engage,
Who drinks, alas! but to forget—nor sees;
That melancholy, sloth, severe disease,
Memory confnsed, and interrupted thought,
Death's harbingers, lie latent in the draught,
And in the flowers, that wreath the sparkling bowl
Fell adders hiss, and poisonous serpents roll."

M. Poynder‖ testifies to the great tendency of liquors to "harden the heart, and extinguish the natural affections."

Marmontel acknowledges that "the pleasures of the table contributed to obscure" his "mental faculties." ¶ Demosthenes partook almost entirely of water. Protogenes denied himself the stimulating properties of the grape-juice, while engaged in designing a picture: and many, very many, who employ their mental faculties on canvass, bear in mind the favorite theory of Fresnoy:

"To temperance all our liveliest powers we owe,
She bids the jndgment wake, the fancy flow;
For her the artist shuns the fuming feast,
The midnight roar, the bacchanalian gnest."

Even the sublime orator, who combined the exact, full and fluent man with the profound scholar, according to the testimony of one of learning** at times "indulged."

Cato vino laxabat animum curis publicis fatigatum.

* Sir A. Carlysle.
‡ Parliamentary Report, p. 4.
‡ An Inquiry into the effects of ardent spirits by B. Rush, M.D.
§ Prior.
‖ Examination before the House of Commons.
¶ Mem. Marmontel, vol. 1.
** Seneca.

It is to be regretted that men of the stamp of Zeno and Amasis, whose profound legislative capacity won for him the plaudits of ages, could degenerate into the same vice which influenced Anacharsis,* the stoic Stilpo, and the educated Zenocrates.

How appropriate, in modern times, would be the epitaph of Timocreon, a poetical wit of Rhodes, which Athenæus informs us was placed upon his tomb:

"Multa bibens, et multa vorans, mala deniqne dicens,
Multis, hic jaceo Timocreon Rhodius."

As a cure for melancholy, wine is, in general, opposed by that vast thinker, Burton, if taken in excess,† though he asserts that "takes away fear and sorrow:

Curas edaces dissipat Evius;

And Anacreon recommends it for:

Μεθυοντα γαρμι κεισθαι
Πολυ κρεισσον, η θανοντα.

and Avicenna (31 Doct. 2 cap. 8) advises him, that is dispirited at times to get drunk. The Sage Pliny says:

‡ Nihil pernitiosius viribus, si modus absit.

The Turks partake of "caffa" to allay their thirst; the dark inhabitants of India drink freely of Batavian "arrack" or *rack*; the Japanese imbibe throughout the day the favorite "sage," and the school of Salernum express their sentiments regarding the characteristics of good wine:

"Vina probantur odore, sapore, nitore, calore."

Another precept indicates the taste of old:

"Si bona vina cupis, quinque hæc laudantur in illis,
Fortia, formosa, et fragrantia, frigida, frisca."

And as a final recommendation, the following:

"Vinum sit clarum, antiqum, subtile, maturum,
Ac bene dilutum, saliens, moderamine sumptum."

Of some wines a man of experience asserts:

§ "Tot veneficiis placere cogitur, et miramur noxium esse vinum."

Opium, the "Afron" of Arabs and Indians, supplies the place of wine on many occasions when corroding cares oppress the mind. The inhabitants of East-India prefer to use the creeping Betra as a dispeller of grief, while the people of Peru indulge in the leaves of the coca. In Persia, Marona furnishes a solace to the afflicted; and, in Madagascar, those who desire relief from perplexing thoughts smoke the

* Elian, lib. 2, 2.
† Burton's Anatomy of Melancholy, vol. II.
‡ Lib. 14, 5.
§ Pliny.

dried leaves of the Bangue. What is most strange in this connection is the positive assertion of Father du Tertre* that a certain kind of fish, if eaten, will produce the same exhilarating influence that is occasioned by the use of stimulating potations.

Though the revered Galen, the text-book of so many authors of modern theories, approves of those advanced in life partaking of wine as a tonic, he, with equal positiveness, declares that no person should drink wine till after the age of eighteen.

The locality tends as much to influence minds, tastes and habits, as it does diet hence: "Tot vina, quot agri," was a common saying with aged in "delicate *taste*."

Like the "chemistry of common life," so ably written and published during the past few years, an old book, after the same model of thought, emanated from the mind of a learned Frenchman at the commencement of the eighteenth century.† In its pages are contained some curious views and quaint ideas: I quote the following as indicative of the mental acquirements of medical authors at that time, and the stories that find their way to print and future studies of an antiquated character.

"It is said, that the waters of a certain river in Thrace, will intoxicate people as Wine does, which is proved by the following verse:

Haud aliter titubat, quam si mera vina bibisset.

This effect may be wrought by some sulphurous, bituminous, and volatile Particles, which those waters contain, and which flying into the Head, hinder the regular Motion of the Animal Spirits, and agitate them to and fro, with Violence and without Order."

Wine is said by some to be so intimately connected with the use of tobacco, that I cannot forbear quoting the following lines from the pen of an ingenious meditator.‡

Which of their weapons hath the conquest got,
Over their wits; the pipe or else the pot?
For even the derivation of the name,
Seems to allude to, and include the same:
Tobacco, as τω Βαχχω—one would say;
To cup-god Bacchus dedicated aye.

In some countries the same word expresses both smoking and drinking. For instance, in the Bengalee tongue, *peénd* signifies the two luxuries.§

Strange as may appear the barbarous taste of some nations, having no means of manufacturing any liquors, they make a common habit of drinking not only animal blood, but that of human beings!* What can exceed such depravity? Even during the present time among the inhabitants of the Alps, when they shoot "a wild goat or shamoy," they cut its throat and drink freely of the warm blood; stating that "there is nothing so strengthening."† The "Hydromel" of olden times was a great favorite with the feverish and indisposed.‡

Plutarch mentions this fact also, and maintains as a reason that it was before the extensive utility of wine was discovered or appreciated. The Tartars, according to Marco Polo, make a drink nearly equal in strength to brandy from the milk of mares, turned sour. Others named Moxes, a race of most barbarous American savages excite their passions by imbibing an infusion of putrefied roots. Their commonest beverage is, however, the "*chica*."

The number of nations that partook freely of beer in olden days is only equaled in interest by the variety of methods adopted for its different degrees of strength. Its invention is assigned to the time of Osiris, who, to repay an agricultural people, produced a palatable drink from barley and water.§

Egypt indulged more copiously in drafts of beer than in any other stimulating liquor.‖ Italy and Greece were among the earliest nations that, at first, depended on the intoxicating influences of beer, and in Gaul, Spain, and Germany,¶ the date of its first inception is too far distant to be accurately ascertained. This favorite of the ancients was enjoyed and relished by the original inhabitants of Peru.** This is very singular, for at that time they did not raise barley, and were ignorant of the virtues of wheat.

During the uncivilized period of the American Indians, and previous to their knowledge of brandy, rum, wine, &c., they lived abstemiously, drank *only pure water*, and not unfrequently attained an age of over 100 years.†† A man of experience and thought‡‡ attributes the advanced years of the natives of Shetland to the exclusive drinking of "water, milk, or

* Natural History of the Antilles.
† A treatise of all sorts of foods and drinkables, &c., by M. L Lemery.
‡ Sylvester.
§ Dr. A. Clark on tobacco.

* Hist. Nat. de l'Islande; Buffon. hist. nat., Strabo-strabo.
† Boguet's Origin of laws, vol. i.
‡ Diod 1, 5, p. 350; Plin. 1, 14.
§ Diod.
‖ Herod 1, 2, n. 77; Strabo; Athen.
¶ Tacit. de morib. German.
** Hist. des Incas, t. 2, p. 196.
†† Kalm's Travels.
‡‡ Pinkerton.

bland, made of butter-milk and water." The Circassians, who may be taken as models of symmetry and endurance, partake of no wines, and, according to good authority,* indulge only in "*skov*," a kind of sour milk; much used also by the Kaffres, whose "total ignorance of the use of ardent spirits and fermented liquors,"† frees them from the ravages of disease which decimate the other natives, who drink "fire-water." Of the Brahmins, whose frugality is only equaled by their freedom from sickness, Sir William Temple assures us the duration of life is not unfrequently beyond modern credulity. "Many have lived a hundred, and some two hundred years."

How different the morals of these men of simple habits compared with the proud assertion of many learned sinners, whose God was their belly, and who stalked about, could they but exclaim with Athenæus:

ΗΔΥΝΑΜΗΝ-ΚΑΙ ΟΙΝΟΝ-ΠΡΙΝΕΙΝ-ΠΟΛΥΝ-ΚΑΙ-ΤΟΥΤΟΝ-ΦΕΡΕΙΝ-ΚΑΛΩΣ.

And like the "Tricongius" could‡ drink three Roman gallons without taking breath. To them the well-deserved "Ζ'ησειας." far exceeded the plaudits of admiring sages. Surely, when we reflect upon those men of rank, who debased themselves by such excess, the much praised "Vinum Setinum," called by many "Imperial," is associated with disgusting revelations and incredible actions;§ and even the "Faustianum" of Horace, combined as it is with crimes of the most original depravity, loses much of its flavor.

How few men of modern leisure would refrain from entertaining the old motto:

"Ηῆιθι·ἡ-"απιθι!

an ethical opinion most congenial to the mind of Cicero.‖ The "learned-ignorant" of the present time understand as little of the depth of this remark, as the young and clamorous who shout—

Hip! Hip! Hurrah!

which was a war-cry employed by those who assailed Germantown, the refuge of many Jews. Like the Roman D—E—C., in ancient days, the H—E—P. was the initial word of

Hierosolyma Est Perdita.

By the side of Dr. Currie, who was so enamored of cold water: in company with John Floyer, who inspires all who read him with a reverence for even

——"the ROUND DROPS of dew,"

in juxtaposition with the names of the too ambitious Priessnitz and John Sigmund Hahn,* who originated what was termed a species of "*Hydriatria*," men of probity and judgment who devoted time and zeal to philanthropic purposes, let the name of

"a Mr. Vanhorn"

stand forth most prominent for future ages to peruse—the cognomen of one who has the rare and unenviable credit of having drank in *twenty-three* years sixty-nine pipes, or 35,688 bottles of port wine, "a quantity, perhaps, not exceeded by any drunkard of ancient or modern times!"† Surely this man combined the essence of the proverb:

"A German Wasser-boozer, a Dutch Geneva smoker, and an English Port guzzler, are the three drink monsters!"‡

What a contrast is the life of such a man compared with the sentiments of purity expressed by Boadicea—Queen of the Iceni, A.D. 61—who, ridiculing the luxurious habits of the Romans, exclaimed:

παν σε νδωρ οινοε

Water is *our* wine!

"Man is naturally a water drinker; his first step on the descending scale is to become a drinker of wine," says Michalis.

"Pure water is the best drink for persons of all temperaments," states F. Hoffman.

"He is happy who considers *water* the best drink, writes Dr. Paris, of no small experience. And Seneca utters the following:

Ebrietas est voluntaria insania.

What a sentiment!

When those of means indulge in alcoholic drinks, little do they dream what a vast sum is annually expended for the purpose of gratifying the palate, stimulating the brain, and unsettling the stomach. The Hon. Edward Everett, in an elaborate address delivered some two years ago, produced statistics marvellous in themselves, and most sorrowful in their magnitude. He stated that, in the space of ten years, the United States spent $120,000,000 in "alcoholic beverages." During that time, $5,000,000 of property were destroyed through its agency, and 30,000 lives; 250,000 victims

* Travels in Circassia, by E. Spencer, 1837.
† Barrow's Travels.
‡ Pliny, mart. xiii., 112. Juv. v. 34.
§ Pliny, H. N. xiv. 6.
‖ Tusc. Quæst. lib. 5.

* 1696–1793.
† Sinclair's Code of Health.
‡ Hand-book of Wines, by Thomas McMullen, &c.

were forced, by crime, to enter the jail, and 100,000 children depended for existence on the poor-house; 15,000 unfortunates were murdered by its mad followers; 5,000 voluntarily put an end to their own existence, and 1,000,000 orphans were thrown upon their country for future maintainance. What a picture for the moralist! What a panorama of misfortune and dread realities for the contemplative mind! Surely, water is innocent of such crimes.

Moreover, when we reflect that few of the lower classes *ever* taste one drop of pure, genuine spirits; that one ounce of the "oil of Bourbon Whisky," costing but fifty cents, is capable of transforming one hundred gallons of alcohol into "delicate old Bourbon," that "oil of Cognac," composed chiefly of caustic potash, concentrated alcohol, and sulphuric acid, and sold at six dollars an ounce, is sufficiently powerful to change one hundred gallons of neutral spirits into "pure old Cognac Brandy, just out of the Custom House," and many other practical deceptions play false with the palate, and destroy the mucous membrane of the stomach, can we fail fully to appreciate the direful consequences of drink—the all-refreshing effects of that limpid stream which the poet apostrophizes with becoming zeal?

*Hail lucid WATER, sovereign power, of easy access to the poor!

Though the Chinaman may live on bird-nest pie, and feast most sumptuously off the meat of rats; though the Esquimaux partake, at one meal, of fifteen pounds of tallow, and as much roast walrus; though the English epicure dine off plain beef, pigs' cheek, and delicate "white bait," and the French bon vivant daintily indulge in choice patés of potted chicken—partridges, and filets aux truffles, La surprise and cock's-comb pie; though the sun-burnt Arab eat sparingly of mashed locusts, dates, and the much-loved "pilau," and the Indian, in his native clime, digest, in solitude, the buffalo and tenderloin of venison, or, perchance, the prairie hen; though the very cannibal may kill his brother, and dine off the crisped remains of what had moved in human form, and the olive-faced Italian feed on fruits and maccaroni; though the much-abused and trusty follower of Neptune rejoice while eating "duff" on Sundays, and satisfy his palate, easily contented, with a change from salt junk to "sea-pie" and "lob-scouse," to furnish muscle for his labors while abroad; though each and every inhabitant may live upon the food peculiar to his native soil, and seek to vary often what will tempt the appetite, still, mirabile dictu! water, pure, crystal water, finds *its* way to the tables of *all!* It quenches the thirst of epicure and laborer; it satisfies the cravings of the tyrant and his slave. Each one is sensible of its inestimable value, and appreciates, most cordially, its countless benefits. And while the wretched mendicant is driven from the rich man's feast, and forced to live on hardest crusts of bread, he cannot be deprived of water just as pure as "Cæsar drinks," and can always find a living stream in which to lave his wounds, effectually cleanse his body, and allay his thirst. Surely, if we read in the inspired volume "Bread is the staff of life." *Water* may, with just impunity, be deemed the handle to that staff. There still remains one sentiment of no small moment to the mind of him who thinks on life's most wonderful surroundings. Man, with all his vast superiority, is the only animal that seeks to vary what he drinks. The wild-cat laps the stream; the mighty elephant is satisfied with purest water, and the little songster of the grove, perched near a mossy bank, stoops to partake once more of nature's kindness, and, a beautiful example to a thoughtful man, at each tiny mouthful raises grateful eyes to Heaven, and remembers whence its principle of action was derived.

To be Continued.

*Green's Ode on the Spleen.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 393.)

Means of Arresting Hemorrhage in Wounds, etc.—The best means is the *ligature* which was brought into use by the distinguished French surgeon Ambrose Paré; previous to his valuable application, they employed the actual cautery, styptics of various kinds, boiling pitch, and, in amputations, they seared the arteries with a red-hot knife.

It is very necessary that the young military surgeon should fully understand how the ligature acts; many who come before our examining boards are found deficient on this subject.

In applying a ligature, properly, to an artery it should divide the internal and middle coats,

the external coat is left intact; to do this, brace the thumb, after tying the surgeon's-knot arouud the artery, by drawing the thread until you feel the artery yielding under the ligature, draw steadily, never jerk; to cut them in this way, you must have a sound body; if the artery is diseased do not cut the coats, but merely compress them. By the surgeon's-knot I mean the simple one repeated before making the first traction. After this has been carefully done, cut off one end of the ligature, and leave the other long enough to hang out of the wound; never cut off a ligature close, unless it is to be passed into a cavity. You need not fear that your traction will divide the external coat, as it is not divided unless great force is employed, as it is composed of areolar tissue. After the internal coats are divided, plasma is exuded, which becomes organized, and unites the walls of the vessel. If, however, you fail to divide the internal and middle coats, no lymph is thrown out, and secondary hemorrhage is liable to recur.

The application of a ligature on a vein does not operate in the same way; their middle coats offer no resistance to the ligature; it is simply puckered up, not divided; no lymph is therefore thrown out. Inflammation arises and courses its way along the vein, and soon destroys life by phlebitis.

In the artery, a clot forms above and below the ligature; these adhere to the sides of the vessel, which are ultimately formed into fibrous cords or entirely absorbed. If, however, the ligature is placed too near an anastamosing vessel, secondary hemorrhage comes on when the ligature comes away. In some constitutions no clot will form above the ligature, it only stagnates, and when the ligature comes away, the blood from behind forces this out of the vessel, and bleeding comes on. In all scrofulous and syphylitic constitutions, watch them constantly until the period for secondary hemorrhage has passed. In large arteries it will be three weeks, in small ones from seven to ten days. The ligature comes away with the loop as it was tied; it cuts its way by absorption, ulceration, sloughing, or mere softening of the part in the loop.

The best article for ligature is good saddler's-silk; it must be white, as all colored kinds are rotten. Lead wire is too weak; silver wire is better, and during a recent visit to Europe I witnessed the use of iron wire, which was very highly recommended by my friend, Dr. Simpson, of Edinburgh.

Your silk should be carefully waxed so that it shall not slip; the silver wire should be very fine and wound upon a spool. In tying vessels upon a free surface, as in amputations, use the artery forceps of Liston; the bull-dog forceps are the best, with it you can seize the vessel, and a spring fastens the grasp; if you have a good assistant you can use a tenaculum or ordinary forceps; if you employ the tenaculum see that it is long, curved, and perfectly rounded, if they have sharp edges they will cut-out. If the vessel is large, hook the tenaculum into the orifice, but if small, pass it through and through the vessel; if very small, hook the vessel and tissue around it, but never tie the ligature till you see the point of the tenaculum on the opposite side of the vessel, and you can get your ligature below it. Young surgeons are often deficient in this department.

When the artery is sound draw it out from the surrounding tissue, and be very careful you include no nerve in the ligature, for if you do, spasms, pain, neuralgia, and even convulsions, may come on; if you include a vein, phlebitis will arise, and if a tendon, or a portion of a tendon, it will take months before coming away; it will also prevent complete division of the coats of the artery. Use always a small ligature, and tie with a single knot repeated. In very small and delicate *wounds upon the face*, use a small fine flax ligature, well waxed, or fine silver wire.

If you have a *cut in the palm of the hand*, it is folly to cut down and attempt to secure the bleeding orifices, you will cut more vessels than you can tie. Compress the radial artery, and if that stops the bleeding, cut down and tie it; if not, compress the ulnar artery, if that stops it tie it, or, in some cases, you have to tie them both. This same law applies *to wounds in the foot;* the contraction and retraction of arteries here is so great you cannot get at them. No gangrene will come on in either case.

Torsion of Arteries.—Sieze the artery with an ordinary pair of forceps and twist it, the internal and muscular coats are lacerated, the vessel is twisted into a knot, say three or four times, not more, else it will be twisted off. This method must never be used on large arteries. There are two other methods, but I would not recommend them to you, called "*Machure*" and "*Rèfoulment.*" The first is to mash the artery, and the second break or mash the artery, and

push the mashed part into the calibre of the the sound part. Easy to perform in large arteries, but the blood will drive out the plug.

In all large vessels of continuity and contiguity, rely on the ligature, and always tie both ends when a large artery is divided. If you do not, regurgitive hemorrhage may occur in ten or fifteen minutes.

Compression in Hemorrhage from Wounds.—Next to the ligature for arresting hemorrhage, we have compression. It is of two kinds—temporary and permanent. In wounds of the extremities, tie a handkerchief around, as before recommended, and, when nothing better is at hand, twist this to tighten it, and it makes the Spanish windlass. This is temporary. The best tourniquet is *Petit's*. Dr. Physick said you might as well try to improve the Bible as it. When you purchase, see that the web is firm and inelastic; if not, it will give you trouble. Also see that the tongue of the buckle is round —not square, as square ones will cut out of the strongest webbing. These are but little matters, but of mighty importance. Before application, see that the two plates are in contact; if they are not, you cannot tighten them. This is the best instrument for temporary compression.

Charière, of Paris, invented one having one pad above and one below, with lateral metallic bands. This form will arrest the main arterial circulation, and permits lateral venous to go on. This form is very useful when operating in a case of hemorrhagic diathesis. Permanent compression is employed in penetrating wounds, capillary oozing, etc., made of a roll of simple muslin, as hard as wood; in superficial wounds, they are kept in place by the hands of an assistant or a roller bandage. If they are deep-seated, cover the surface of the compress with layers of collodion; this is employed to control bleeding, until suppurative discharge takes place. Compressed sponge is sometimes used; it is made by compressing under-screws or weights; when wet, in the wound, it soaks up the serum, dilates, and makes compression. When it remains too long, granulations shoot into it, which are torn off when the sponge is taken away. Do not confound this with sponge-tent; the latter is sponge soaked in wax. When you wish to exercise uniform compression on a limb or its main trunk, use a common roller, from the toe or finger up the extremities; never make your bandage of linen—it will slip; nor of flannel, as it is too elastic; use washed muslin having no seams, and roll it into a firm cylinder.

Epistaxis.—Plug the nostrils with cotton or lint soaked in alum or powdered galls—the blood collects, coagulates, and compresses the bleeding vessels. If the blood flow behind into the pharynx, remove the anterior plug, introduce *Bellocques sound*, and plug the posterior nares; if this instrument is not at hand, a flexible bougie, with the ligature, can be carried into the mouth, and a second ligature and plug of cotton or lint can be drawn up into the posterior nares and attached to a cross-piece outside the nose, until all hemorrhage ceases. Another method: the plug should be a piece of sponge or lint rolled up tolerably hard, a little larger than the end of the thumb, to the middle of this, tie a piece of cord, so as to leave two ends each about ten inches long. This is to be passed through the eye of a common silver probe or catheter, and carried back cautiously along the *floor* of the nostril until it appears at the back of the mouth. Take a long pair of forceps and bring the cord out at the mouth; withdraw the probe from the nostril, so as to leave one end of the thread hanging from the nose, and the other from the mouth; to this attach both ends of the cord connected with the plug; and then, by pulling the end of the thread at the nostril, the plug is carried backward into the throat, and afterward against the posterior aperture of the nostril.

The two ends of the cord, now hanging from the anterior aperture, are to be separated and tied firmly over a plug of similar material applied there.

There are a few useful styptics, as the solution of per salts of iron, matico, galls in powder. In wounds of the foot and hand, or sloughing wounds, where small vessels permit blood to escape, common resin in powder acts like magic.

Cauteries are also useful in arresting hemorrhage; they are of two kinds, actual and potential. The actual are of metal—iron principally; they are of different shapes, to suit the place to which they are applied. A key, with the ward knocked off, will answer. They should be heated to whiteness. It will then destroy the part, and does not adhere. Less hot than that, it will stick and bring away the tissue with it.

Potential cauteries have a chemical action. Caustic potash, nitrate of silver, nitric, sul-

phuric and hydrochloric acids, are the most important of this class.

In trephining compound fractures of bone or sabre-cuts, when an artery bleeds in the bone, it must be plugged. It cannot be drawn out and tied; let the plug remain four or five days; tie also a silk ligature at the end of the plug with which to draw it out. Unless you do this, it will be necessary to reopen the wound. Velpeau and Simpson have suggested and put in practice the use of needles, to act as ligatures in amputation, etc.; and, in some instances, they have been found useful. Velpeau proposes sending a galvanic charge through them. Such things may be talked of, but on the field cannot be relied upon.

The Second Intention after Arresting the Bleeding of Wounds is to Remove Foreign Bodies.—A clot of blood is a foreign body, and should be taken away. Pieces of wood, glass, metal, "stone," and dirt or dust are often lodged, also leaden and other bullets which we shall treat of more at length under gun-shot wounds. Place the wound over a basin, and with a sponge wet with water held over, direct on it a continuous stream, or charge a syringe with water, and use it to remove the particles; this latter is very useful when the foreign matters are in a cavity. If they do not come away in this manner, do not attempt to scrape them off with the sponge, let the suppuration convey them away. The foreign bodies removed, approximate the edges of the wound, do this as accurately as possible, as I stated before always attend to position. If it be the abdominal muscles, flex back by pillows under the pelvis and shoulders. Certain agents are used to aid position, the first and most important is the

Suture.—The old surgeons had a vast number. Modern surgery has simplified this paraphernalia, and reduced the number from forty to four.

1st. *Interrupted;* use a common curved needle or darning needle with a single thread. Pass this single needle directly across the wound into both edges at once, thus you make a common stitch. If the tissue yields, pass it in on one side, and re-introduce on the opposite side. Always make a calculation as to the number of stitches wanted. In a wound, for instance, of three inches, use two sutures, or one in every inch. In tying, take off the needle, make a single or surgeon's knot on one side of the wound. If it is in the centre, it irritates as a foreign body lying on the edge of the wound. Do not remove them till they loosen by suppuration.

2. *The twisted suture;* or figure of eight, use the insect pin for operations upon the face, pass the pin through both lips of the wound, then carry a thread under, across, and over it like the figure 8; not carried in a circle under it, if you do, it will make the centre bulge, and produce a tumor. In the other method, it compresses the centre. This suture is also used in all superficial wounds of dependent parts, a common needle with a head dipped in wax will answer. Silver pins are not so good; always oil the steel or iron pins before introduction.

3. *Glover's suture.*—This is used in wounds of the intestines. Approximate their edges, and with a fine cambric needle sew them over and over. It is the same stitch used by glove makers, and called by seamstresses over-stitch.

4. *Quill suture.*—Take the barrels of two quills or two small wax bougies of the same size, and two curved needles, thread the needles with a double thread, let one end be whole, so as to make a loop. Pass the needles through and through, and thus leave the loop on one side. You may use two or three sutures of this kind; place one of the bougies in the loops, laying the other bougie parallel to it on the other side of the wound. Tie the open ends of the threads over it after cutting off the needles, with this you may compress as long as you please, even ten or twelve days without trouble, and they will not cut out; some recommend dry sutures; this is nothing more than a dry bandage, and the four sutures above mentioned, instead of bougies or plates of lead will answer.

Scalp Wounds.—Avoid stretching a wounded scalp, as erysipelatous inflammation is induced by it, as the part is prone to such attacks. The parts must come together, and if stitches are to be employed, use the silver wire. There are, however, exceptions to this rule in civil practice, for in Guy's Hospital the "scalp-wounds are treated by sutures, strapping pads of lint, or warm water dressing, hemorrhage is to be checked by the application of the ligature to the bleeding vessels, cold water and pressure. If erysipelas follows, it is to be treated with iron (tinctura ferri sesqui chloridi) and stimulants, with the local application of flour.

Of 120 cases treated by this method all did well.

Caution.—The patient should live abstemi-

ously for a week or two after such an accident.

Wounds of the cheek, if not deep, can be treated by cholodion, which is a solution of gun cotton in ether, the ether evaporates, leaving the cotton as a covering. Remember always to cork your bottle, or else the ether evaporates, leaving the cotton dry.

One-half of the adhesive plaster that is found in the shops is like Pindar's razors, made to sell, some of it will not stick, others irritate the surface they are applied to. Buy, therefore, only that which is good, see that it is kept in a tin case, if it is old it will dry and crumble, and will not adhere. In its application, shave off all hair, and wipe the parts dry. In warming your plaster, do not do it before a fire, you will burn it. Fill a tin or bottle with hot water, or heat it on a flat iron, always apply the side around the bottle which has no plaster on it, in this way it is warmed uniformly and not burned. To prevent irritation arising from the ordinary adhesive plaster, the late Dr. Liston introduced the gum cloth or isinglass plaster. It is made by dissolving gum or isinglass in alcohol, and dipping muslin in it, which is left to evaporate. This requires simply moistening with water before application.

Gutta percha cloth has lately been introduced; it is fibrous, strong in one direction, but tearing easily in another, like wet paper. This may be employed in dressing wounds by occlusion.

Another kind is called gum elastic cloth, but this heats the parts and induces suppuration.

These strappings are to be aided by rollers and splints. After the wound is brought together, apply what is called top-dressing, its object being to exclude air, which is poisonous to all wounds. Water, cold, warm, tepid, or hot, is what we prefer. Others smear lint or linen with cerate. The lint is of two kinds, patent and scraped. See that it has no lumps, and is perfectly smooth and clean, else it will irritate a tender cicatrix. The wound also requires a cover over this dressing to prevent evaporation, oil silk or gutta percha cloth. If you have neither of these, use silk, or even muslin dipped in oil and wax, but be very careful not to heat your wounds by too heavy dressings. Keep them cool, if you wish them to heal by the first intention, or warm, if suppuration is desired. The last kind is sought for in lacerated wounds, or when foreign bodies exist.

After Treatment of Wounds.—We must prevent inflammation, chiefly by anti-phlogistic remedies, but be cautious here. In Dr. Physick's time it was the practice to bleed, starve, and purge the patient after all large and severe wounds, injuries or operations. But unless the patient is plethoric, or has pain, and above all fever, eschew this practice. If carried to excess it will prevent union, as no plasma will be effused upon the cut surface. My usual treatment is to put the patient on a low diet, occasionally a purgative and the following mixture:

℞.	Mistura neutralis,	℥iij.
	Antimonii et potassæ,	gr. ij.
	Morphia acetatis,	gr. i.
	Spts. nitrosi dulcis,	℥ss.
f., m.	P. sacch. alb. -	℥ii.

Dose.—A teaspoonful every hour while there is fever or pain.

Modify your treatment to suit each individual case.

In some cases the very reverse condition of matters will arise, and you must stimulate your patient, and give him large doses of opium. This is frequently the case in badly lacerated, contused, or complicated wounds. Always pay strict watch to the general condition of your patient, and never leave him, when in such a condition, without a faithful nurse or assistant.

The summary of treatment is:

First. Arrest the bleeding.

Second. Remove foreign bodies.

Third. Bring the edges together, and attend to position.

Fourth. Keep out the air and particles of dust floating in it.

Fifth. Attend to the general condition of the patient.

Diphtheria and Scarlatina—their Pathological Relations.

By Dr. A. H. Stephens,
Camden, Ohio.

As there appears to be in the profession, just at this time, a very great diversity of opinion in regard to the pathological relation of diphtheria and scarlatina—and having, in the last year, had a pretty extensive field for observation, I take this method of giving your readers some very interesting facts, occurring in my practice, and which I hope may help to dispel the doubts of many who are investigating the connection of these diseases.

In the month of December last I was called to the first well-marked case of epidemic diphtheria of this neighborhood. The patient, aged nine years, was the next youngest of a family of nine persons; of phlegmatic temperament, fleshy and heavy stature. The little girl had been complaining four days previous to my visit. The mother supposed her to have quinsy. I found the tonsils, palatine arches, soft palate, and uvula completely covered over with the diphtheritic exudation, and considerable swelling, internally as well as externally. The pulse one hundred and thirty, and rather feeble, while the mental faculties seemed much oppressed. The treatment, after cleansing the *prima vie* with an emeto-cathartic, was that in favor of which so much has been said through the journals in the last year. Iron, quinine, and chlorate of potassa, being the sheet anchors for the general system, while nit. argent. was applied locally. Each of which remedies, you know, have been urged by respectable writers, as specifics for this now common disease! And yet you will credit me, when I inform you that the little patient, after having all these *specifics* persistently and scientifically applied, died asphyxiated, in seventy hours after my first visit!!!

The next case of interest was the mother of this child, to whom I was called three days after its decease. This patient was about thirty years old, fleshy, but phlegmatic temperament. Stated that her throat had been sore for the last three days. Found the tonsils, uvula, etc. plastered over with the same character of deposit that appeared in the child's case. The glands of the neck and throat were enormously swollen; pulse one hundred and twenty, with little preternatural heat of surface, but great prostration of both mental and physical system. The same general principles of treatment were applied to the mother that had been applied to the child. In twelve days the local disease seemed completely removed, the parts presenting, on inspection, a perfectly healthy appearance, except that the mucous surface was rather more pale than the pinkey hue of health. The general system was convalescing as rapidly as could be expected after as severe and protracted suffering. And I dismissed the patient, giving the necessary instructions in regard to diet, etc., as the case required. In five days I was recalled, and, on inspection, found the parts in about the same condition that I left them. But, on asking her to swallow some water, two-thirds of it returned through the nostrils! Here was diphtheritic paralysis!!! I was informed that this trouble in swallowing had been increasing for the last three days. I immediately applied a moderate current of electricity, and administered, internally, strychnia and iron, while a blister was placed on the nucha. In thirty-six hours she died!

At my last visit to the departed child my attention was called to the youngest of the family; girl, aged six years, of sanguineous temperament, I found the parts about the root of the tongue well covered with the diphtheritic exudation; the general health seemed but little disturbed. The little patient complained only of slight soreness on swallowing. She had her ordinary aliment to which was added chlorate of potassa and iron, while the throat was mopped three times a day with a weak solution of nit. argent. and a thin slice of fat bacon covered with pulvis capsic., kept applied externally.

It was fifteen days before the throat assumed a healthy appearance. But during the whole time the patient ran about the house, ate, drank, and slept as though nothing was wrong with her!!! A few days after the termination of the above cases I was called to another family of the same neighborhood, composed of ten persons—seven females and three males. The disease first appearing in the youngest of the family, a girl aged seven years, of sanguinous temperament. The symptoms were well-marked, though not so severe as to cause much alarm about the result. The case progressed moderately well until the eighth day, when my attention was called to the child's chest, where the skin was as well covered with the rash of scarlatina as I could wish to see, while the tonsils had gradually shed their diphtheritic covering, and assumed a more tumid and inflamed condition, the urine was by heat and nitric acid found well loaded with albumen. The eruption began to fade on the third day, and convalescence was well established on the eighth day after the eruption first appeared. Now, every member of this family had been previously afflicted with scarlatina, except this, the youngest child, and every female of the family was afflicted with diphtheria; the age seeming to regulate the violence as well as access of disease; the youngest being most violently and soonest attacked, while the eldest was mildest and last to suffer. One only of the three males were attacked; and this the

youngest, and the attack most violent. In sixty hours from the first symptom he was a corpse!

I have observed, in these families, as well as others, in regard to the application of nit. argenti. that the diphtheritic covering may be removed, and the bright glazed surface well cauterized with a saturated solution or the solid nit. And yet in a few hours the cauterized surface will be found as well covered with the deposit as the adjoining surfaces. And I have often had this exudation blown into my face, eyes and mouth, and even plastered over abraded surfaces, with perfect impunity!!!

I have known two children sleep in the same bed for weeks, one with diphtheria, the other enjoying excellent health! I have never known the disease to afflict the whole of any family numbering over two persons; and never could trace the disease to bad ventilation, filth, or crowded apartments! I have examined fourteen specimens of diphtheritic exudation with the microscope, but have not yet distinguished Dr. Laycock's *oïdium albicans*.

Will the above cases and facts establish these following propositions?

1st.—*Polymorphism in disease.*

2d.—Diphtheria and scarlatina, different results from the same *materies morbi*.

3d.—Non-contagious.

4th.—Adults and males less susceptible than children and females.

Camden, July 16, 1861.

An Obstetrical Case.

By Samuel R. Rittenhouse, M.D.,
Of Mecunge, Pa.

On the morning of July 13, 1861, I was requested to visit Mrs. —— in labor with her third child. The call was promptly responded to. Upon my arrival, the attendant, an old lady, informed me that the child had been born about fifteen or twenty minutes; that she had placed it, as she thought, in a position in which it should be able to breathe freely, and had waited for me to "take away the child. Attention was at once directed to the child. The mother informed me that it had given signs of life immediately after its birth, by a few struggles, but that soon all was quiet, and that she heard no farther cry from it. Upon removing the coverings, I found the child upon its right side, between the thighs of the mother, still confined within the membranes, which, however, were ruptured, and the waters discharged. The ruptured portion of the membranes was opposite the child's abdomen, and, as will be readily understood, the face was covered by them. The chord had ceased to pulsate, and, to all appearances, the infant (a female) was lifeless. Vigorous efforts were at once made to rouse, if possible, the vitality of the fœtus, but to no purpose. It was dead. Doubtless the child suffocated in consequence of having been excluded from the air by the membranes, which covered its face so closely that none, or, at most, an insufficient quantity, could penetrate to its mouth. A large and well-formed child, that, by the timely aid of the obstetric practitioner, might have been saved to the world, was thus sacrificed.

I should not bring this case to the notice of the profession, but for the important lesson which it conveys to the obstetrician. It teaches, first, the importance of a prompt response to an obstetric call. In the great majority of cases, the fœtus, if living, may be considered out of danger whenever the chest is expelled from the os externum. But, in a case like the one above reported, life or death may depend upon the promptitude or procrastination of the accoucheur.

What a source of mortification and sadness must it be to the obstetrician to know that the life of a human being—which, by timely and proper attention, might have been saved—was lost in consequence of a delay on his part, that might have been avoided!

It teaches, second, that those who have need of obstetrical assistance, should call upon the physician in the early stage of labor, so that any accident that might occur during its progress, or after its accomplishment, may receive his attention ere it is too late to render assistance.

[And, we may add, it teaches the paramount importance of having the monthly nurse thoroughly instructed in her duties. In the case above narrated, the duties of the nurse were plain and simple. She should have removed the membranes from the face of the child at once. Neglect of this simple duty—probably from ignorance—cost its life.—Eds.]

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Dr. Henry Gibbons, formerly Professor in the Philadelphia College of Medicine, has received the appointment of Professor of Materia Medica in the Medical Department of the University of the Pacific.

"How is Business?"

TO YOUNG DOCTORS.

It is a trite saying that what is uppermost in the mind will be foremost on the tongue. The idolator of beauty, or the slave of mammon, betrays "the ruling passion" in delighted praises of his god or goddess. His conversation, with his life, leaves no room to doubt the sincerity of his testimony for the graces of the goddess, or the omnipotence of the dollar.

I do not know but that we who are beginners in the practice of the healing art, ought to be held exempt from the accusation of paying court either to beauty or mammon, in making our very characteristic inquiry, How is Business? My belief in our innocence of such weakness in making this inquiry is confirmed by two considerations: First, business with us has not yet risen to our beau ideal of beauty in success, and, hence our proneness to speak about it can hardly be thought proof of our idolatry of beauty; and, Second, it happens with us, as with others, that a fellow-feeling makes us wondrous kind, and it were quite natural if the feeling, also, make us wondrous inquisitive. In addition: if a drowning man may catch at a straw, any shadow of promise educed from the experience of a fellow probationer may encourage one-self. It should be recollected, also, in our favor, that our *business*—the reader will please to emphasize the word, there is pleasing prophecy in its sound—our *business* is, at best, trying to flesh and blood ; and why may we not often compare notes on the principle that every little helps.

But in the pathway of the beginning practitioner, there are obstacles often so formidable that great capacities of character and education alone can surmount them. The looming up of these before the raw recruit may well appal him ; and he must be blest with unwonted mettle if he becomes not so possessed with their haunting presence as to lapse a little into mania. Why then should the eager demand, How is business? be deemed detractively significant in the young aspirant? It simply indicates a mood of mind which is quite natural and reasonable—a state of feeling in harmony with the circumstances giving rise to it. Should the rule of etiquette, which reserves to the senior the privilege of uttering the first unceremonious remark or inquiry, be violated by the ardent junior, he ought to be forgiven, as he may be supposed most anxious in being most conscious of self-deficiency and need. Besides, the young doctor, in his up-hill scramble, has so much to engross him that the laws of rigid politeness may well escape his care-worn mind. Physicians—young practitioners especially—ought to be spared a too severe criticism of their deportment as gentlemen of elegant manners.

Whether the inquiry under review be, or be not characteristic of probationers in medical practice, it is surely a comfort that it is the only one they are accused of too habitually interchanging. Paley, I think it is, asserts that "bad manners are bad morals." Considering the besettings of young practitioners, and recollecting that it is so much the office of the doctor to interrogate, that he may readily forget himself in social intercourse, and fall to catechizing outside the pale of good breeding, making inquiries which he has no personal claim to hear answered, indeed, may it not be proof of aptness for the functions of his office, should the doctor be thus addicted to catechizing? and, also, considering that our liability to this frailty is so nursed by our necessary contact with ancient ladies, we thus have conceded to us, by the enemy, a very creditable exemption from a defect in manners and morals only pardonable in said ancient dames, and in garrulity in general. Suppose it were otherwise; suppose doctors of medicine were given to very close imitation of the weak points of their grand-dames—if medical men may be allowed to have descended from grandmothers, and not to have sprung from the head of Apollo, or, rather, from the cranium of Esculapius—suppose all this, and how must the world be led to view our noble profession? Would it be possible for any one to see it in any light but the discreditable one cast around it by its toddling, twaddling disciples? The merits and claims of a higher science even than that of medicine are thus judged too generally by the mass of mankind. But I am only supposing, not averring, such culpability and recreancy in the profession. In dignity and gentlemanly breeding, physicians, as a class, will suffer little, if they suffer aught, in being compared with other classes of cultivated men. Although the more inexperienced members of the profession find their trials to be a severe ordeal, the fewest number of them are so influenced, and become so recreant to manliness as to merit being poetized as

> "Fops at all corners, ladylike in mien,
> Civetted fellows, smelt ere they are seen;
> Else coarse and rude in manners, and their tongue
> On fire with curses, and with nonsense hung."

In closing, I will but add that, in my humble view, the high calling of a physician deserves better than to be ranked as a *business*. The inquiry heading these lines seems unbecoming the professional intercourse of medical gentlemen. It may well be the characteristic inquiry of stock-jobbers, as it is in keeping with thoughts of self-aggrandizement and sordid gain. The Minister of the Gospel may not inquire of his brother serving at the altar, How is business? So in the physician's calling should thoughts, selfish and sordid, be excluded by the exalted demands of science, and the cure of human suffering and disease. J. F. B.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of Medical Journalism.

By O. C. Gibbs, M.D.,
Of Frewsburg, N. Y.

VESICO-VAGINAL FISTULA.

In the *Boston Medical and Surgical Journal*, for July 11, Dr. B. E. Cotting, of Roxbury, Mass., has a very interesting article upon this subject. A thrust or two is made at Dr. Bozeman, now of New Orleans, and Dr. J. M. Sims, of New York, and high compliment is paid to Dr. George Hayward, Senr., of Boston. He claims for Dr. Hayward the honor of performing the first successful operation for vesico-vaginal fistula done in this country, as well as the honor of "planning and executing on strictly scientific principles, a *new, safe, and successful* method of operating for the relief of this accident."

Speaking of silver sutures, in reference to this operation, he denies to Dr. Sims the honor of first using them, or introducing them to the profession, and says they were used in England, in a successful operation of this kind, and the case reported in the London *Lancet* fifteen years before, and adds, "as there is no little danger in all this clamor about clamps, buttons, shot, and other equally unimportant mechanical contrivances, that the true scientific principles which should guide in these operations, may be overlooked or disregarded—it may be well to remark in a word, and it needs but a word, that, wherever union by the first intention is looked for, the edges of the wound must be kept in close contact, and that, if this be skilfully done, it is of far less consequence by what peculiar contrivance it is effected. If sutures are used, more depends upon the proper adjustment, and their having the exact amount of tightening requisite, than upon the material. A metallic suture, of whatsoever or whomsoever's make, if imperfectly secured, or too tightly tied, will prove as ineffectual, or will cut its way out as certainly as that made of silk or flax. A delicate thread, even of cotton, properly adjusted, will retain its place, cause as little irritation, and leave as small a scar, as we have often had occasion to notice in operations about the face, as the purest silver, the softest iron, or the most polished steel."

In regard to metallic sutures, we might here incidentally observe that Prof. Dowler, of New Orleans, claims that Henry S. Levert, then of Alabama, (now of Mobile,) wrote a thesis upon this subject which was presented to the University of Pennsylvania, and subsequently, in May, 1829, published in the *American Journal of Medical Sciences*. Dr. John Watson, of New York, says that John Rhodius, of Padua, published a small volume upon metallic ligatures, as early as 1639.

Dr. Cotting reports a very interesting case of spontaneous cure of vesico-vagina fistula. The case was that of a woman who was in labor several days, and, refusing instrumental aid, her case was abandoned entirely to nature. She was finally delivered, but with the unfortunate sequence of a vesico-vaginal fistula. She declined to avail herself of the advantages which modern surgery might offer, and suffered on. For three years she could retain no urine, and after that gradually began to improve. A few years later, passing her menstrual period, at the end of fifteen years from the accident, she could retain her urine very well. Motives of a false delicacy prevented her granting an examination, and thus, also, a knowledge to the profession of the exact manner in which nature effected the cure.

REPRODUCTION OF BONE.

In the *Boston Medical and Surgical Journal* for July 11, Prof. E. S. Cooper, of San Francisco, California, reports a case in which he removed "over five inches of the lower end of the femur," and the bone was entirely reproduced. Eight months after the removal of the portion of bone just referred to, from peculiar, unusual, and unforseen circumstances, the limb had to be amputated. On examination, it was found that the "portion of bone taken away had been reproduced, and was well formed, notwithstanding the disease of the surrounding soft parts in which it had been developed. Well formed capsular, crucial, and lateral ligaments were found, attaching the newly-formed condyles of the femur to the upper end of the tibia. A tolerably well-developed synovial membrane was also present, and, in fact, a joint formed throughout, though somewhat weak from want of exercise, yet perfect in every particular."

CIMICIFUGA RACEMOSA.

In the *Chicago Medical Examiner* for July, Prof, N. S. Davis has an article upon this indiginous article of medicine. Prof. Davis and Dr. Johnson, both of Chicago, have used this article of medicine largely, and they regard it as one possessing no inconsiderable powers, and one capable of being used to advantage in a variety of ailments. In acute inflammatory *rheumatism* they have both used it considerably, and speak of it highly. Dr. Johnson has, in hospital practice, repeatedly selected his worst cases of this painful affection, and treated them with the cimicifuga. "The results were satisfactory in the highest degree, every vestige of the disease disappearing in from *two* to *eight* or *ten* days, without inducing any sensible evacuation, or leaving behind a single bad symptom. These trials have been repeated by Dr. Johnson, myself, and others, until we have no more doubt of the efficacy of cimicifuga in the early stages of acute rheumatism, than we have of the power of vaccination as a preventive of variola. Dr. Johnson found the most acute and severe cases that ever came under his observation, to yield to its influence, not only more speedily, but more perfectly and with less danger of metastasis to other organs, than to any other form of treatment."

Cimicifuga has been regarded as a stimulant to the various secretions. Prof. Davis says, "We have never known it to produce a perceptible increase in any of the secretions of the system, nor has it in the slightest stimulating qualities. But we have uniformly found it to lessen the frequency and force of the pulse, to soothe pain and allay irritability. In a word, it is one of the most purely sedative agents we possess, making its impression chiefly on the nervous system of organic life."

In certain forms of *chorea*, Prof. Davis thinks this remedy will be found most effectual. Prof. Davis quotes the views of Dr. J. S. Gordon, of Virginia, and Dr. Hildreth, of Ohio, commending the remedy highly in the early stages of phthisis, and thus subjoins his own experience: "We have never relied on this remedy alone in treatment of any of the forms of pulmonary disease, but we have used it much in all the forms of tuberculous or scrofulous diseases, and with the most gratifying results when combined with the preparations of iodine."

We have used the cimicifuga considerable, in acute and chronic rheumatism, in chorea, in rheumatic dysmenorrhœa, in neuralgia, in catarrh, in the early stages of phthisis, and in some other anomalous affections. It has sometimes disappointed us, but oftener benefit has followed its use, and in some instances most marked. In those cases, popularly denominated "a hard cold upon the lungs," it has pleased us quite as well as anything. Three or four tolerably full doses per day, with eight or ten grains of Dover's powder at bed time, will generally give satisfactory results. In those cases of early phthisis, where the intercostal pain is quite considerable, and probably rheumatic, or where the nervous irritability is unusually great, or in the catarrhal exacerbations, we think the cimicifuga will be found to answer well. In all such cases, varying combinations can generally be made with advantage. In many cases of phthisis, the cimicifuga can be advantageously given with the chlorate of potash and quinine, adding a little morphine if the cough is harrassing. The conjoint action of these remedies, in quieting nervous and vascular excitement, in relieving bronchial and pneumonic congestions, in imparting vigor and tone, etc., is not inconsiderable, especially when brought to bear in addition to appropriate exercise, nourishment, and stimulants if need be.

We agree with Prof. Davis that it is a sedative. We think it has, in some of its properties, a striking resemblance to the Peruvian bark—a tonic, and yet a sedative, with a peculiar action upon the nervous system, and perhaps by its action on the nervous system influencing the secretions and excretions. From this similarity, it seems to us it ought to have an influence upon malarious diseases. If we lived where they prevailed, we should certainly put its powers to the test in this regard.

It may not be improper to observe here that Dr. Simpson, of London, speaks highly of this remedy in *puerperal hypochondriasis*, and instances, in the *London Medical Times*, a very striking illustrative case.

We agree with Prof. Davis that the tincture, and not infusion, should be used. Let any one take a little of the solid alcoholic extract, and attempt to dissolve it in boiling water, and he will be at once convinced that water is not its solvent. We have thus tried it, and found the extract to contain largely a substance not unlike burgundy pitch.

INVERSION OF THE UTERUS.

In the Buffalo *Medical and Surgical Journal*, for August, Prof. J. P. White reports a case of inversion of the uterus. The case presents some points of interest, as connected with our remarks in the Reporter for July 6th.

First, and of great importance as bearing upon our explanation of the method of inversion, the second stage of labor was very rapid—the *first* pain of the second stage, ruptured the membranes, and "a large amount of water was suddenly discharged, and with the next pain the child was thrown entirely into the world." With the same pain the uterus was inverted—the placenta being attached. The contractions of the uterus must have been rapid and strong, to enable that organ so soon to have adapted itself to its greatly diminished contents, and been ready for so powerful, a final contraction.

The fundus following, or rather *pushing* upon the child so rapidly, when the mouth or neck of the uterus was dilated to its greatest capacity, it evidently passed below the plain of the distended mouth, and when the mouth of the uterus began to contract, it caught the body and fundus below the plane of its contraction—the inversion was completed by a completion of this contraction of the os, and was accomplished by a rolling down from the neck, *and not by a dimpling of the fundus.* Bearing upon this point, we beg leave to refer to our former article above cited.

In further evidence of the correctness of our explanation of the manner in which inversion takes place, we will quote a remark of Prof. White's in regard to the manner of the *reposition*, which certainly must most likely take a reverse order of the inversion. He says, "In this, as in all the preceding cases, I was careful to note that the *os was first doubled down upon the neck*, and then upon the body, and finally over the fundus. It is true that pressure upon the fundus produced slight depression or dimpling at its summit, but this did not increase and go on to complete re-inversion. In the seven cases of inversion, recent as well as chronic, in which I have reposited the uterus at various dates, varying from a few minutes to more than fifteen years after its occurrence, in all, so far as I am able to judge, restoration has been accomplished in the manner above described, and in no instance by pushing the fundus up through the body and neck."

In regard to the reposition we quote the following practical remark: "In this, as in former recent cases reported by me, I found great assistance in the effort at restoration by 'hooking' the fingers of the left hand over the anterior uterine lip, which could be distinctly felt through abdominal parietes of moderate thickness."

The question has been raised whether or no the vagina could hold a recently inverted uterus—inverted at the time of labor occurring at maturity. This point was carefully observed and noted in this case. Prof. White says: "Speculate as we may, here was a patient delivered of a full grown male child, the inverted uterus following immediately, and within a very short space of time carried back *completely into the vagina*, and there left for more than half an hour without any pressure or support being made at the perineum."

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Drs. John Matthews, (Md.,) J. C. Whitehead, (N. Y.,) Benjamin Marshall, (N. Y.,) and A. H. Whitford, (Md.,) have been recommended for appointment as acting Assistant Surgeons, to serve on board the vessels lately purchased for the blockade. Others are required and should call on Dr. Lockwood, at the Naval Hospital, N. Y., for examination as to professional qualifications.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, AUGUST 17, 1861.

"OUR SANITARY COMMISSION."

One of our cotemporaries is becoming quite enthusiastic upon the subject of "our Sanitary Commission." Indeed, its enthusiasm outstrips the bounds usually allotted to a staid and sober medical journal, compelled to deal with the sad realities of human life, and crops out in the true hifalutin style of composition. As a refreshing episode in editorial life we cannot resist the inclination to give our readers a specimen brick from the huge pile which our cotemporary temptingly throws together, and to make such remarks thereupon as the exigencies of the case seem to demand. Our cotemporary "speaks," it will be observed, "as one having authority and not as the scribes." It "blows" no "uncertain sound" through its "trumpet." It utters its dictum with all the majesty and dignity of the Delphic Oracle of the olden time. Just listen a moment:

"It may be safely be asserted that but for the Sanitary Commission Sebastopol would not have been taken, and the life of the sick old man among the nations prolonged for a little. We may with more certainty, and with all the earnestness of a terrible and threatening truth, assure our countrymen, both lay and medical, that unless our Sanitary Commission is sustained to the degree that shall compel success, our cause will be ruined, and the youngest, fairest, and noblest of the nations will be struck with premature decay, and senile decrepitude, or be broken into two or more discordant and hostile factions, and share the fate of all preceding republics."

There you have it, reader. The fate of this great republic hangs upon "our Sanitary Commission!" And if the medical profession do not "act promptly, vigorously and unselfishly" in staying up the hands of the aforesaid Commission "by organized and untiring effort," "the noblest of nations will be struck with premature decay." *Mirabile dictu!* Awful fate! "senile decrepitude!" "hostile factions!" "broken into two or more!"

But seriously, what is this Sanitary Commission on whose shoulders such an enormous burden is laid. It "is a voluntary, unpaid (but organized) association of educated, cultivated, and scientific, civil, military, and medical gentlemen;" selected almost without exception from a single locality, and not the most eminent men of that locality either; sanctioned by the Secretary of War; holding occasional sessions at Washington; inquiring by its committee into the defects of our sanitary regulations, and giving their counsel and advice as to the best means of remedying existing evils. This is all. Its functions are simply those of inquiry. Its results are advisory. It has no authority to enforce its counsel. It invites contributions for the benefit of the military hospitals, and the people having confidence in its integrity, send through it their tributes of sympathy and affection to the wounded soldier in the wards.

Viewed in this light, (and we think it the true one) "our Sanitary Commission" *as at present constituted*, does not occupy so prominent a place in the great panorama of our nation's peril, as our cotemporary imagines. The war *might* progress to a favorable termination if this "commission" should at once be snuffed out of existence. Generals Scott and McClellan, and a brave army would still be left. The "noblest of the nations" might yet be "*one and inseparable*," if, having accomplished its mission of "inquiry," left us its sage "advice," and the benefit of its learning and scientific research, its members should quietly retire to their homes. The government might wag on yet for a time, and possibly the sad and melancholy scenes of the Crimea, spoken of by our cotemporary, might not result.

A Sanitary Commission to occupy the position our cotemporary claims for this, ought, in the first place, to receive its appointment and authority from the Government, and should be clothed with some plenary or discretionary powers. In the second place, it should be composed not of civilians, or of theologians mainly, but of *thoroughly educated medical men*. In the third place, its members should not be taken from one locality, nor should any locality have power to control its action. The entire medical profession of the country should be represented by its wisest and ablest men. In the fourth place, its services should be liberally remunerated, and not be sent begging like a mendicant among the people, for the means of keeping the breath of life within its body.

In these, to us, essential particulars, "our sanitary commission" is lacking, and fails to meet the demands of the day. The men who compose it are worthy men,—no doubt, men of science, well adapted to the positions they have voluntarily assumed. We have commended the course of investigation they have pursued; chronicled their movements with much interest; noted, with pleasure, the excellent advice and counsel they have given to the officers in authority, and if the improved condition of the hospitals, and the general sanitary condition of the army is owing, in any wise, to their recommendations and influence, as doubtless it is, we give them all credit for their well-directed efforts to preserve the limbs, the health, and the life of the brave American soldier.

But when our cotemporary tells us that "the cause will be ruined, the youngest, fairest, and noblest of the nations will be struck with premature decay and senile decrepitude, unless *our* sanitary commission is sustained by both lay and medical" men, we can smile (as have many who have read it) at the grandiloquence of the idea, and gape with wonder at the eloquence with which it is enforced, but our judgment and common sense fails to comprehend the soundness of the conclusion. Nor can we resist the conviction that our cotemporary has performed a work of entire supererogation in claiming for this *quasi* self-constituted commission the rank and position it indicates; and we seriously question whether the honor, dignity, and self-respect of the medical profession throughout the country, but *partially* represented in its selection, is not compromised by this attempt to mix up theology and law, civilians and scientific men, on a board whose duties are mainly those which belong exclusively to the conservators of the public health themselves.

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Dr. John Levergood, of Lancaster, has been appointed by Gov. Curtin a Surgeon of Pennsylvania Volunteers.

EDITORIAL NOTES AND COMMENTS.

The number of deaths in Philadelphia for the week ending Aug. 10, was 428, an increase from last week, and the corresponding week of 1860. Of this number, 155 were under one year of age; 61 from one to two; 54 from two to five; in all 305, or nearly three-quarters were children. Whence this great mortality among children in our city? There is no epidemic raging here which should occasion it. The weekly report of the Board of Health gives 84 deaths from cholera infantum, which usually prevails at this season of the year; 25 from scarlet fever, 22 from convulsions, 13 from diphtheria, 9 from diarrhœa, 16 from debility, 20 from marasmus, and so on, showing that no epidemic exists, to which this mortality can be ascribed, whence then is it? We answer:

1. *Improper food.*—At this season of the year, ripe and unripe fruits, good, poor, and spoiled, are thrown in profusion upon our market. The ripe fruit is well. It will do no harm. But the child recognizes no difference. It swallows both alike, and its craving appetite would perhaps not revolt at that which was far gone in decay. The result of this indiscriminate use of fruits and garbage is seen in our weekly reports of mortality.

2. *Want of food.*—The nursing mother is perhaps famished with hunger. Her babe hence fails to receive the nourishment it needs to maintain its life, and death from "marasmus" or "debility" is the result. We have had instances of "death from starvation" in our city; who shall say that many deaths of children are not from this cause.

3. *Want of pure air and cleanliness.* — Filth breeds disease and death, whether it be in the street or in the dwelling; and here is one of the most fruitful sources of the mortality among children. In many of the lanes and avenues of the city, dirt and offal is allowed to accumulate and exhale its pestiferous odors for days. The "street cleaning contractor" fails to perform his duty. The air thus polluted outside is no better inside, perhaps, and the child breathes in those seeds of death with every inspiration, till it can breathe no longer.

At the late session of Congress, an act was passed making additions to the medical staff of the army, by the addition of a corps of cadets, whose duty it is to be to act as dressers in the hospitals, and as ambulance attendants in the field, with the same rank and pay as the West Point military cadets. A board is to be organized for the examination of such as present themselves, and from those approved by it selections are to be made. We regard this as a move in the right direction. It will make a large addition to the numerical force of the army, but will, at the same time, add largely to the medical strength, and give the wounded soldier a much better chance for his life, by furnishing young men of experience and training, as nurses, for such they will in effect be. Surgeon-General R. C. Wood has already taken measures to carry this law into effect. See official notice in another column.

Dr. A. S. Tomes, one of the inspectors appointed by the sanitary commission to examine the condition of the camps of the volunteers, in the vicinity of Washington, finds in one regiment one surgeon and an assistant, father and son, who are homœopaths. One of them had been a barber, and an occasional cupper and leecher, but had no medical degree. Their prescriptions were rudely written, and consisted chiefly of tartar emetic, ipecacuanha, and epsom salts, which are hardly homœopathic, or favorable to the cure of the prevailing diarrhœa or dysentery. They were both Germans, and had great difficulty in making themselves understood. They were appointed by the colonel of the regiment. They administered homœopathic doses on one occasion indiscriminately to the sick and well, and though there was nothing in the condition of the regiment decidedly to prove improper treatment, the number of the sick not being large in comparison with other regiments, still the manner and conversation of the two surgeons were such as to make me distrustful of their intelligence and acquirements.

[The remedy in *all* such cases of incompetency is to send the surgeons to the Board for examination, by which their merits and demerits will be very quickly discovered. Eds.]

Dr. J. T. Calhoun, Assistant Surgeon Excelsior Brigade, U. S. Volunteers, writes, under date of Camp Scott, Staten Island, Aug. 6, 1861, as follows: "Of surgery, with the exception of a few bayonet wounds, I have seen none. Nor has the camp been very unhealthy. We have had any amount of diarrhœa and dysentery, now and then a straggling case of

intermittent and remittent fever, with generally an average of three cases of measles in hospital at a time. To these add the usual coughs and colds incident to a change of life, from a shingled roof and a feather bed, to a canvass cover and a blanket on the ground, and you have nearly all our diseases. Diarrhœa has been exceedingly prevalent, but has uniformly yielded to treatment, and very slight treatment at that. Although we have had over 4,000 men on the ground at a time, and have been encamped nearly three months, yet we have had but one death (peritonitis.) Three of our five regiments are already in service. The fourth and fifth are still in camp, not being filled up to the legal standard."

Apropos to the article in another column giving the enormous distance traveled by one of our venerable city physicians, we give as a curiosity the sums at which our Anglo-Saxon ancestors valued the various parts of their earthly tenements. In Homer, we find the wounds of his heroes mentioned with anatomical precision. And so the Saxon legislators were as anxious to distinguish between the different wounds to which the body is liable. The loss of an eye or of a leg was regarded as the capital offence, and hence was punished with the highest fine, fifty shillings. To be lamed required a compensation of thirty shillings. For a wound which caused deafness, twenty-five shillings. To lame the shoulder, divide the chine bone, cut off the thumb, pierce the diaphragm, or to tear off the hair and fracture the skull, was each punished by a fine of twenty shillings. For cutting off the little finger, eleven shillings. For cutting off the great toe, or for tearing off the hair entirely, ten shillings. For piercing the nose, nine shillings. For cutting off the fore finger, eight shillings. For cutting off the gold finger, for every wound in the thigh, for wounding the ear, for piercing both cheeks, for cutting either nostril, for each of the front teeth, for breaking the jaw bone, for breaking an arm, six shillings. For seizing the hair so as to hurt the bone, for the loss of either of the eye teeth, or the middle finger, four shillings. For pulling the hair so that the bone became visible, for piercing the ear or one cheek, for cutting off the thumb nail, for the first double tooth, for wounding the nose with the fist, for wounding the elbow, for breaking a rib, or for wounding the vertebræ, three shillings. For every nail (probably of the fingers) and for every tooth beyond the first double tooth, one shilling. For seizing the hair, fifty scœttas. For the nail of the great toe, thirty scœttas. For every other nail, ten scœttas.

Professional Peripatetics.—In some recent remarks on "medical locomotion," we spoke of the habit of extensive walking by medical practitioners. As a remarkable example, we instance one who is believed to be now the oldest active practitioner in Philadelphia.

Dr. Lewis P. Gebhard has been uninteruptedly in active practice since his graduation, in the year 1813, and during these forty-eight years he has walked to visit his patients by day and night, and been but little detained from active occupation by illness or absence. At the expiration of his fortieth year of practice, he made a calculation that he had walked more than one hundred and fifty thousand miles over the pavements of this city. Since that time, he has continued active as usual, and has probably altogether walked, in attending his patients, a distance exceeding seven times the circumference of the globe.

Dr. Gebhard is now in his seventy-first year, and continues in a state of mental and physical activity. He walks rapidly, talks with vivacity, and his pen has repeatedly, during the last few years, presented the readers of this journal with much from his valuable experience.

We have, in this allusion, intruded upon a most unassuming as well as most worthy member of the profession, but the facts stated will interest his numerous friends, and encourage many a practitioner who is now daily plodding his weary way over heated pavements and under a burning sun, with the thought of one whose step the suns and storms of three score and ten summers and winters have failed to retard.

NEWS AND MISCELLANY.

Hospital of the Home Guard—Head Quarters Home Guard, City of Philadelphia, July 26th, 1861—Special Order No. 39.—Dr. Neill, the Medical Director, will relieve Surgeon S. L. Hollingsworth and Assistant Surgeon F. W. Lewis, from duty at the Hospital on the 5th of August next.

Surgeon F. G. Smith and Assistant Surgeon J. H. Packard, will report themselves in person to Dr. Neill, for duty at the Hospital on the 5th of August next, to relieve the above-named officers.

The General commanding presents his hearty thanks to Surgeon Hollingsworth and Assistant Surgeon Lewis, for the efficient services they have rendered while they have been in charge of the Military Hospital of the Home Guard, a period of three months, as well as for their important aid in effecting its primary organization.

A. J. Pleasonton,
Brig. Gen. Com'g Home Guard.

At the Meeting of the Guardians of the Poor held on Monday last, the question of employing the services of Homœopathic Physicians for those "out-door" patients who desire such treatment, was introduced by Mr. Dickinson, and was spiritedly discussed. The resolution was referred to a committee consisting of Messrs. Dickinson, Taylor, and Erety.

We observe that Dr. Wilson Jewell, an industrious and valuable member of the Board of Health of this city, has been appointed a member of the Sanitary Commission at Washington. Hon. Horace Binney has also received a like appointment.

Another Vacancy in the Southern Dispensary.—The First District, extending from Sixth street to the Delaware, and below South street, is in need of a visiting physician. There is no better chance in the city, both to do good and get good, in a medical way, than this affords. Address Dr. J. W. Thompson, senior physician for the District, either at Moyamensing House of Industry, Catharine street, above Seventh, or at his residence, No. 338 Wharton street.

The following Surgeons taken prisoners at the battle of Bull's Run have been released on parole, and sent within our lines via Norfolk, Va. Edward J. Taylor, N. J.; Jacob A. Stewart, Min.; Eugene Puenquet, Foster Swift, Gustavus Maston, Charles De Graw, —— Norval, N. Y.; S. C. Thunkins, B. F. Buckstone, W. H. Allen, Maine; James M. Lewis, Wis. They report themselves as having been kindly and courteously treated by the confederate authorities, and give a most unqualified denial to the stories of the killing or ill treatment of the wounded.

The following Assistant-Surgeons in the United States Navy have been confirmed. This list is additional to that in our last issue:—Edward Swift Dunster, Robert Fulton Weir, Charles K. Winnie, Joseph E. Simple, and James H. Pooley, of New York; Thomas Chalmers Brainard, Morris Joseph, Arch. Henry Sailor Schell, Wm. H. Forward, Ely McClellan, Chas. A McCall, Wm. R. Ramsay, Boliver Knickerbocker, and Joseph J. Woodward, of Pennsylvania; Elias J. Marsh, Wm. D. Wolverton, of New Jersey; Thos. H. Helsby, Philip Adolphus, Louis M. Gostman, and Wm. Thompson, of Maryland; Jos. F. Kennedy, of Iowa; Albert Hartsuff, of Michigan; Chas. R. Greenleaf and Andrew J. Baxter, of Ohio; Samuel A. Storrow, John C. Downing, John J. Butler, Johnson V. D. Nuddleton, of Dist. of Columbia.

Sick and Wounded Soldiers.—The Surgeon-General of the United States Army has transmitted to the War Department the number of sick and wounded on the 3d inst., in the various hospitals in Washington and Georgetown. At the General Hospital on E street, there are 225 inmates, 9 of whom are officers. At the Union Hospital, Georgetown, there are 206 inmates. At the Hospital on C street, Washington, there are 65 inmates, all regulars; and at the Seminary, Georgetown, there are 128 sick soldiers, and 53 wounded. At the Columbia College Hospital, there are 258 inmates, four of whom belong to the Twenty-seventh Regiment.

Camp Butler—Newport News.—We take pleasure in making the following extracts from the letter of Dr. E. K. Sanborn, Surgeon of the First Vermont Regiment, which appears in the *Times* for August 3:

"Even now, after three months' time to provide for this increasing army, the Government supplies for hospital furniture are entirely insufficient. As an example which may serve as a general indication of the style of doing things at Fort Monroe, I will give the following cases happening under my own observation. The Vermont regiment, as is well known, has been suffering from measles, and the usual pulmonary sequelæ; up to the present time there having been 116 cases, in most cases owing to exposure in camp under the wonderfully variable temperature of the shores of James river. Severe bronchitis, simple and tuberculous, followed convalescence in a great proportion of the cases, and the demand for simple expectorant combinations was enormous—gallons per week. Now the supplies of squills, paregoric, tolu, have never been sufficient for one regiment. Last week 2 oz. syr. squills was the entire quantity at the post, where twelve thousand men look for their supplies. No Peruvian bark, nor tinctures or other preparations of this standard remedy, except quinine. After great delay and repeated effort, a small quantity was purchased at Baltimore to meet my extraordinary case. Up to within one week there has been no ambulance or wagon of any shape to send into the field. At the battle of Bethel no conveyance of any description could be sent with the force from this point for the benefit of the wounded, though the force was a thousand strong. And to make the burlesque on military organization complete, the flag of truce that was sent next day to ascertain the fact of Winthrop's fate, was displayed from the roof of a carriage that had been brought in as plunder from the very region where this emblem of purity and peace was sent on its merciful errand. It certainly spoke well for the bravery of the gallant surgeon who volunteered to accompany this incongruous equipage. Of late, however, horses, ambulances, wagons, &c., begin to make their appearance, and probably the delay in reinforcements, seemingly so unnecessary and

provoking, will in the end result in the general good of the medical department of the army, as it is manifestly doing in the others.

"The Vermont First regiment has probably been more afflicted with sickness than any yet taking the field; mainly on account of measles, of which there have been 112 cases, pretty equally distributed through the companies. At one time there were thirty cases of this disease in hospital at once, and while the epidemic was in a company, the turn-out of muskets at evening parade or battalion drill would not exceed twenty-five for the company. As a general thing the type was mild. In a few cases were exhibited a tendency to the petechial variety, requiring active administration of stimulants. A great many cases resulte[d] in a tedious convalescence on account of pulmo[nary] complications. Not a few cases have been followed by signs of incipient phthisis. Not [a] case has been fatal in its acute stage. One [ca]se ended after convalescence and a relapse with typhoid symptoms complicated with *home-sick*[ness] of the most persistent and depressing character. This has been an element recognized from the first, and complicating all varieties of disease and in many instances it was the main disease next to measles. Diarrhœa and dysentery, and typhoid fever have been the diseases of importance, and in the order they are enumerated.

"In this camp there have been five well-marked cases of varioloid, two, perhaps, being classed under the head of discrete small-pox."

We insert the following as matter of interest, it may be, to some of our readers:

Corps of Medical Cadets — Surgeon-General's Office, Aug. 9, 1861.—The following act of Congress, in relation to the Corps of Medical Cadets, is published for the information of all concerned:

"Sect. 7. *And be it further enacted*, That there be added to the Medical Staff of the Army, a Corps of Medical Cadets, whose duty it shall be to act as dressers in the general hospitals and as ambulance-attendants in the field, under the direction and control of the medical officers alone. They shall have the same rank and pay as military cadets at West Point. Their number shall be regulated by the exigencies of service—at no time to exceed fifty. It shall be composed of young men of liberal education, students of medicine, between the ages of eighteen and twenty-three, who have been reading medicine for two years, and have attended at least, one course of lectures in a medical college. They shall enlist for one year, and be subject to the rules and articles of war. On the fifteenth day of the last month of their service, the near approach of their discharge shall be reported to the Surgeon-General, in order, if desired, that they may be relieved by another detail of applicants."

Application must be made to the Surgeon-General for admission into the corps, in conformity with the above act, stating the date and place of birth, place of residence, period of medical studies, and enclosing the certificate of the dean of the college, (or, when not obtainable, other satisfactory evidence of the fact,) that the applicant has attended one full course in a medical college.

Those applications must also be accompanied with testimonials of the good, moral character and sound physical condition of the candidate.

When an application is favorably considered, the candidate will receive a letter authorizing him to appear before an Army Board of Medical Examiners, who will make a special report in each case. From among those approved by the Board, the Surgeon-General will select such a number as the service may require.

As the services of this class of medical and surgical assistants are at once required, applications, to be successful, should be promptly made to the Surgeon-General, who will direct the candidate to appear before one of the Army Medical Boards now in session in Washington and the City of New York.

R. C. Wood,
Acting Surgeon-General.

Dr. A. Powell, Surgeon of the Second Regiment, New York State Militia, reported in the *sensation* papers as having been "brutally murdered while engaged placing our wounded in the ambulance" at the battle of Bull's Run, is a prisoner at Richmond, Va.

The number of deaths reported in New York from July 29, to Aug. 4, was 585; an increase over last week of 55, and of the corresponding week last year of 88. Of this number, 413 were children, and 332 were under two years of age.

The number of deaths in the City of Providence during the month of July was 92, or ten less than in July, 1860. Among them were five deaths from hooping cough, and six from scarlatina, "which is very unusual for this season."

During the first six months of the present year, there were 882 children born in Providence, or 61 more than in the corresponding period of last year. During the same time there were 470 deaths in the city. The population of the city being 50,666, the proportion of births and deaths, in six months, to population, was as follows: Births, one in 57.4. Deaths, one in 107.8.

Dr. L. C. Lane, late of the United States Navy, has lately been appointed to the Chair of Physiology in the Medical Department of the University of the Pacific, at San Francisco, California. Dr. Lane is a graduate of Jefferson Medical College, Philadelphia, and has lately been in Europe attending upon a course of study.

Sir Benjamin Brodie has resigned the office of President of the Royal Society.

A writer in the *World*, who claims to have obtained his information "through the kindness of a gentleman connected with the Sanitary Commission," says:—"We hear of the surgical disseverment of limbs in the midst of the enemy's fire, and the subsequent rising and walking of the patient a distance of twenty-five miles; of swords drawn with shattered arms to parry a death-blow; but it yet remains to be recorded that the wounded forms in the ambulances were sat upon, during that long ride to Centreville, by the exhausted and panic-stricken officers. A majority of the wounded, and they necessarily of the worst type, were left upon the field, so that to have their blood-beclotted bodies lifted into *anything* that would remove them to a Christian bed or burial, was hailed as a gracious privilege."

Speaking of the wounded in the hospital, he says:—"In consequence of the comparative *state of nature*, in which they lived for months previous to the action, the cases which would otherwise have been obstinate or incurable, are now in a rapid state of convalescence; in fact, to use the attending physician's words, 'their wounds heal like those of wild beasts.'

"The buildings now occupied as hospitals, in the vicinity of the seat of war, are illy adapted to the purpose, from the fact that they are cut up into small and insufficiently-ventilated apartments. Their compactness renders them more liable to absorb the malaria arising from fevered bodies, and the effluvia naturally escaping from beds and bedding saturated with poisonous emanations. The prompt action of General McClellan, in regard to dissipation, lately so prevalent among both officers and men, has worked a decided change for the better."

In reference to the edict against intoxicating liquors, he says:—"Pennsylvania avenue and Willard's, which were but yesterday so largely affected by military loungers, are now left to their accustomed patrons, and the order that "all officers shall stay in the camps to which they belong," has resulted in the remaining in *status quo* of the several companies under their command, so that the temperately-inclined citizens of Washington are no longer horrified by the sight of drunken soldiers on the streets and upon their door-steps, in a state of forgetfulness.

"So strenuously have these late reformatory edicts been enforced, that citizens who rest upon the elevating properties of a brandy-smash at sun-rise, find themselves terribly 'put about' when their familiar demand is met, not by the insinuating sparkle of cut-glass decanters, but by a solid display of unyielding wood-work, and the information that 'the bar is closed.'"

Adulteration of Milk.—At a recent trial, in London, in which a milk business was concerned, it was given in evidence that it was the custom to adulterate sixteen gallons of milk with eight gallons of water.

We understand that Dr. Alexander N. Dougherty, of Newark, has been appointed by Gov. Olden, Surgeon of one of the new New Jersey Regiments. This is one of the best appointments of the kind that we have yet heard of. We hope Dr. D. will accept the appointment, and it will be a fortunate regiment that secures his services.

The Medicine Purveyors Department has been removed from Hagerstown to Frederick, Md. The hospital is to be removed to the same place, and is to occupy the old State barracks built by the English in 1775, which are still in good condition.

From statements recently made, it appears that Surgeons of the Army have not been in past history entirely exempt from the casualties of war. At Lucknow two were killed and two wounded severely. At Jhansi one was killed and one wounded. From the beginning of the India mutiny until the fall of Lucknow, seventeen Surgeons and Assistant Surgeons were wounded and killed in action.

London Hospital for Incurables.—At a meeting recently held in London for the establishment of a hospital for incurables, it was asserted that, in England, of three only out of many forms of incurable diseases, 80,000 persons die annually; 5,500 of cancer; 9,800 of dropsy, and 64,000 of tubercular diseases; and of these it is estimated that 50,000 are destitute. In London one person in ten dies in a bed provided by public or private charity.

The Importation of Opium.—One of the curious facts revealed by the publication of Custom House tables is, that there was imported into the country last year, 300,000 pounds of opium. Of this amount, it is estimated, from reliable data, that not more than one-tenth is used for medical purposes.

A correspondent of a Memphis (Tenn.) journal writing from Manassas, thus notes the difference in the wounds received by the soldiers of the two armies:—"I also learn, from one of our surgeons, that the wounded prisoners taken by our army are not, by far, so dangerously hurt as the majority of our own men. Most of our wounds are from minie-balls, which have made great, ghastly openings, and frequently gone entirely through the body; while those upon the enemy are with round balls, whose effects have been less fatal."

In the 285,064 *parishes and hamlets* of Russia there are hardly one thousand medical men. what a field here for the surplus of the medical profession in this country. A parish of any extent almost without a competitor.

"Dr." David Griffith Jones has been arrested on a charge of forging the will of a Mrs. Bellis, lately deceased in London, England. The evidence was so strong against him that he was remanded without bail.

Stastistics Respecting the Deaf and Dumb in France.—Persons thus afflicted number 21,576 for the whole country. Of these, 12,325 are males, and 9,251 females. The proportion, with respect to the population, is one deaf and dumb person in 1,669 inhabitants; one in 730 men, and one in 939 women. A striking contrast as to locality exists between the department of Hautes Alpes and that of the Seine. In the former there is one individual affected in 419 inhabitants; and in the latter, one in 4,694. Poor and mountainous districts present the greatest number of deaf and dumb. It would be interesting statistically to ascertain the influence of marriage between cousins upon deaf-dumbness, as it has been maintained that this defect is often observed in the issue of such marriages. Stastistical data have also been obtained respecting the blind, of whom there are in France 30,214; amongst these, 16,469 are males, and 13,745 females. The relative proportion with the population is one in 1,201 inhabitants; and as to sexes, one in 587 men, and one in 714 women. The most noted establishment for the education of the blind is at Paris, where fourteen professors and five ladies are engaged in tuition. There are forty-seven schools for the deaf and dumb in France, the two principal of which are in Paris.

Item.—Dr. James H. Armsby, Professor of Anatomy in the Albany Medical College, has been appointed Consul at Naples. He probably will not depart on this mission until after the close of his ensuing course of lectures at the college.

Gymnastics in the British Army.—His Royal Highness, the commander-in-chief, having decided that the whole of the troops shall be regularly instructed in gymnastic exercises as part of their military education, an order has been issued from the Horse Guards, calling upon general and other officers to consider whether there are any existing buildings at important stations which can readily be made available for that purpose. Under the new arrangement gymnasia are to be forthwith established at Chatham, Portsmouth, Woolwich, Sheerness, and one or two other important military stations, at each of which places every encouragement has been for some time past given the troops to exercise themselves in athletic sports.

The Climate of Nice.—M. Wahu, senior physician to the military hospital of Nice, has addressed a letter to *L'Union Médicale*, in which occurs the following passage:—"I have observed since residing at Nice that many patients with softened tubercles die here rapidly every winter, whilst they might have lived for months or years elsewhere. Persons on the other hand, predisposed to phthisis, thrive remarkably in this climate; and no place is preferable to Nice for children and young people of both sexes whose constitution and hereditary tendencies are to be modified."—*Lancet.*

Effect of Music on the Sick.—The effect of music upon the sick has been scarcely at all noticed. In fact, its expensiveness, as it is now, makes any general application of it out of the question. I will only remark here, that wind instruments, including the human voice, and stringed instruments, capable of continuous sound, have generally a beneficial effect—while the pianoforte, with such instruments as have no continuity of sound, have just the reverse. The finest pianoforte-playing will damage the sick, while an air like "Home, sweet Home," or "Assisa al pié d'un salice," on the most ordinary grinding organ, will sensibly soothe them—and this is quite independent of association.—*Florence Nightingale.*

Glanders Communicated to Man.—M. Bourdon has submitted to the Academy of Medicine of Paris a case of chronic glanders in which the patient had contracted the disease from a horse. Recovery has taken place, contrary to the general rule; and we have, as far as the diagnosis is concerned, the testimony of the reporter on the case, M. Bouley, one of the most distinguished veterinarians of Paris.

To Correspondents.

Dr. W. E. M., New Jersey.—Hamilton's Treatise on Military Surgery, costs $2; Tripler and Blackman, $1; Gross', 50 cents. The second is a very comprehensive work; the first more elaborate, the third brief and concise. The first and second would answer your expectations best, probably. We know of no work on military surgery published by Dr. James R. Wood. On receipt of the funds for such as you desire, they will be forwarded, post paid.

Dr. C. R. V. D., N. J.—You will find in Reporter, Vol. 5, pages 282, 355, 373, 383, 399, 456, 513, 549, 616, 627, and 708, the subject of diphtheria and its treatment fully discussed. We can furnish you those numbers, or the full volume if you desire it. We think you will find in them all the information you desire.

☞ In looking over our stock of Reporter's on hand, we find a surplus of some numbers, of which some of our collaborators may desire to possess the copies containing their communications. Any such who will send us their address, enclosing one dollar, shall be supplied with such number of copies as will satisfy them. First sent first served.

Communications Received.

Connecticut—Drs. L. S. Paddock, with encl.; J. Durfee. *Maryland*—Dr. F. Howard, with encl. *Massachusetts*—Mrs. Wm. Crozier, Drs. A. Sawyer, C. A. Beldin, D. H. Storer. *Michigan*—Dr. W. J. M. Hench. *New Jersey*—Drs. C. R. Van Doren, L. S. Blackwell, Robert S. Smith. *New York*—Bailliere Bros., (2), Dr. J. J. Boyce, with encl.; per John Hulme: Drs. H. H. Nye, John Norton, Benj. Norton, B. Babcock, Stephen Maxon, Ira Brownson, Wm. S. Babbitt, each with encl. Drs. W. A. Townsend, O. C. Gibbs, G. D. Slocum, Amos Fowler, with encl.; S. D. Willard, (com.) *Ohio*—Dr. W. M. Lyon, with encl. *Pennsylvania*—Dr. Daniel Holmes. *Vermont*—Per H. B. Cross: Drs. Osman Terry, G. K. Bagley, N. W. Braley, A. R. Hood, A. E. Bigelow, David Packer, W. H. Richardson, each with encl.

Office Payments—Per Swain: Drs. Jackson, Brandes, Griffin, McWhinney, Johns, Larrison, Hay, each with encl.

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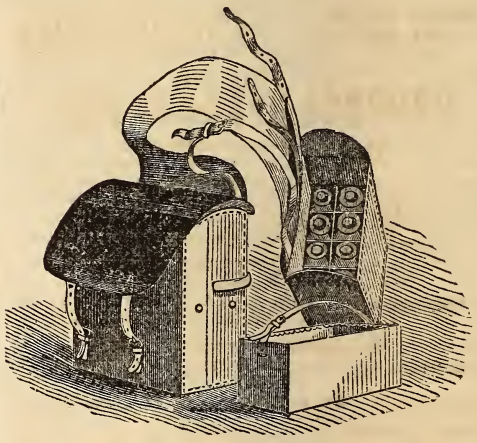

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No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

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No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
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Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottle
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $18 00

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COMMUNICATIONS.

Osteo-Sarcomatous Tumors.

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DISEASES OF THE MOUTH—CONTINUED.

Osteo-Sarcoma.—However much (and it may be justly) this term is abused, it still manages to hold a place in surgical nomenclature. Employed indiscriminately, as it long has been, it must certainly be perplexing enough to that class of professional men, who study names and shadows rather than the substance of things; for, like the word Epulis, osteo sarcoma has been made to represent the most unlike pathological conditions and greatest diversity of features. The term is a hyphen, as is seen, and is derived from the Greek, ὀστεον, signifying bone, and σαρξ, meaning flesh; and, by those who created the terms, could only have been intended to stand as the representative of a class of tumors which were flesh-like in appearance, either fleshy tumors in or upon bony structures, or a transformation of bone into fleshy substance.

I cannot say that, to me, the term seems such an ill one; it is certainly expressive; it is no fault of the word that men will misuse it. Osteo-sarcoma cannot, from its very origin, apply to any strictly special disease; it is a noun of multitude, just as is Epulis when it is used as a noun. We speak of the human face when we would direct attention to the countenance; so we speak of the face of a landscape, the face of the moon, and the face of things generally. Now, the word face is, without doubt, a very admirable word, but still it tells nothing of the many different kinds of faces. To be special, it must always have an adjectival prefix. With such prefix we get every proper meaning for the word, and can employ it freely to our own satisfaction, and to the making of ourselves perfectly understood by others. Thus we say of one man, that he has a bright face; of another, that he has a dull face, etc. Osteo-sarcomatous tumors require equal latitude. Thus we have a fleshy-looking tumor, which is benign; and we have another, which is malignant. Both of these are sarcomatous, inasmuch as they are flesh-like; yet they are very different kinds of tumors, so far as a prognosis would be concerned.

By the term "flesh-like," I do not, however, understand that muscle-like structure was specially implied; for all descriptions, however far back I have been able to go, seem to refer rather to fibrous tissue.

Prof. Gross, in his article, from which I have before quoted, speaking of the diseases of the maxillary bones, which seem to require the operation of excision, says:—"They—the diseases—are generally described under the vague and unmeaning name of osteo-sarcoma, and constitute a group of affections, defying every attempt at correct classification. That this declaration, he says, is not a mere assumption, unsupported by facts, the writings of pathologists and surgeons abundantly testify."

Prof. Henry H. Smith, in his Surgery, page 483, thus writes on osteo-sarcoma:—"The bony and fleshy tumor, or osteo-sarcoma, is another ancient name, sometimes indiscriminately applied to a tumor analagous to spina ventosa. Both these tumors are malignant in their character, and would be better designated as enchondromata, or as cancer of bone, the growth being generally due to a deposit of carcinomatous matter in the bone, causing an expansion of both its cancellated and compact tissue. In spina ventosa, he says, the greatest development is of the cancellated structure; whilst, in osteo-sarcoma, it is rather the compact layer and the external periosteum that are involved,

the cancellated tissue being filled with a fleshy carcinomatous structure; whilst the enlarged cells are sometimes also filled with limited effusions of blood, or a lardaceous, soft, and pulpy deposit.

Mr. Fergusson says the non-malignant or benign tumors are represented by what Mr. Abernethy calls simple sarcoma. These are tumors of a solid, fleshy character throughout; or they may consist of a bag or cyst, which contains fluid, or of a combination of these two, for there may be one cyst or more in a tumor whose general character is sarcomatous; and in another case a cyst may ultimately assume the appearance of a more solid growth. See page 155.

Prof. Gross, in his work "Gross on the Bones," defines osteo-sarcoma as an alteration of the osseous tissue, in which the substance of the bone is converted into a mass more or less analagous to cancer of the soft parts.

The origin, he says, is, in most cases, referrible to hereditary predisposition or to external violence; it generally comes on with deep-seated, lancinating pain, which continues a considerable time before there is any evident tumor or swelling. The form of the tumor he describes as either smooth and circumscribed or unequal, and, as it were, tuberculated, etc. For continuation of this paper, which Prof. Gross seems, in his later works, to ignore, but which seems to me, in many respects, a multum in parvo of the subject, see his book, page 181.

Eustachius speaks of certain calcarious concretions deposited about the necks of the teeth, (tarter or saluary calculi evidently;) and Manget classes such concretions with the sarcomatous growth.

Prof. Dunglison, in his dictionary, defines osteo-sarcoma as a disease of the bony tissue, which consists in softening of its laminæ, and their transformation into a fleshy substance, analagous to that of cancer, accompanied with general symptoms of cancerous affection.

M. Paget says the name of cartilaginous tumors may be given to those which Miller, in one of the most elaborate portions of his work on Cancer, has named enchondroma. In a foot-note, Mr. Paget says another name employed for these tumors, is benign osteo-sarcoma. In a second foot-note, he says, under the vague name, osteo-sarcoma, many include together and seem to identify all growths, in which bone is mingled with softer tissue.

Miller, in his "Principles of Surgery," says: —"By the term osteo-sarcoma, is understood a tumor composed partly of bone and partly of fleshy substance, as the name implies—the latter constituent of a simple, non-malignant kind. The formation is usually attributable to external injury, perhaps slight, and originates in the cancellous texture of the bone. The osseous part is analagous to the fibrous interlacement in tumors of the soft parts. It is, as it were, the stroma, in which the other constituent is deposited, dense and solid, centrally radicating in spicula outwards, which always diverge and interlace, leaving interstices more or less wide, in which the fleshy substance is lodged," etc. etc, See page 422 for differences, as given by this author, between osteo-sarcoma and enchondroma, and osteo cephaloma, etc.

Lebert places the whole class among the cancroid growths, and denies that the tendency to return furnishes any sufficient evidence of a cancerous origin.

Miller, in another part of his "Principles of Surgery," says he desires candidly to admit that the class is "not certainly a well-defined one." It has been doubted, he says, whether some variety of these fibro plastic growths would not be more properly classed among the malignant tumors, as they have been found prone to return, after excision, with singular obstinacy.

Spina ventosa, as remarked by Professor Smith, is freely enough confounded with the osteo-sarcomatous growths. Now, the first is a term meant to imply an empty cyst, ventosa, a word from the Arabic, signifying windy; while the latter implies a solid, or a comparatively solid, tumor. This definition differs, I am aware, from that given by Prof. Smith; but I employ the term, and recognize it only, in accordance with its literal meaning. Some one must take the initiative in so restricting these words, or otherwise nomenclature will always be confusing. If, then, spina ventosa means a sharply-defined empty cyst, or, to give another definition to the prefix spina, a cystic tumor, accompanied with pricking pains, then it cannot similate, so as not to be recognized. See concluding paragraphs of this paper.

And so I might go on through all the authors upon my shelves, each one describes the disease, but classifies it differently. A review which I made of many authors reminded me graphically of Krummacher's impressive anec-

dote of the bringing of the priests from the Babylonian war by Alexander, "Bild und Zerchen ist nicht das wesen," image and sign is not the essence. But I have quoted enough—and have chosen authors known familiarly to all my readers, to exhibit the confusion which exists in the nomenclature of maxillary tumors, and to excuse me, I trust, of any appearance of egotism in choosing my own terms, and my own way to describe these diseases. I do not know that I shall succeed better than the many others in making myself understood, but I shall at least adhere to the text, and map out these growths as they are met with in practice.

I chose then the hyphen, *osteo-sarcoma*, and I mean the term to apply to a class and not a species. I mean it to stand as the representative of any tumor in, or upon bone which is fibre like, let that tumor be benign or malignant.

Osteo-sarcomatous, or osteo-fibrous (synonyms) tumors are to be esteemed doubtful growths. Thus, I have seen two or more, alike, to the unassisted eye. Yet one has succumbed readily to treatment, while the others have bid defiance to every operative proceeding, and have gone on to the destruction of the patient. In minute structures, (pathological character) such tumors must have varied very greatly, of course.

The fibrous tumors of the jaws described by M. Paget,—see his lecture on Surgical Pathology, page 407, I class with the osteo-sarcomatous—so also the growth which he describes as myeloid. See same lecture, page 446. Of the first, he says, "as to situation and convenience, the fibrous tumors of the jaws may be found isolated and circumscribed, growing within the jaw, divorcing and expanding its walls, and capable of enucleation, but in a large number of these tumors, the periosteum, with or without the bone itself, is involved or included in the outgrowing mass. In the case of the upper jaw, either the periosteum, or the fibro-mucous membrane of the antrum or nasal walls, or both of these, may be included in such a tumor. In all cases, the tumor lies close upon the bone, and cannot be cleanly, or without damage to it, separated, except on the outer surface; commonly, indeed, bony growths extend from the involved bone into the tumor; and sometimes the greater part of the bone, is, as if broken up in the substance of the tumor.

The character of these growths M. Paget remarks, is easily recognized in the fibrous tumors of the gum and alveoli.

In my paper on the epulides, I referred to a tumor which is a fibrous outgrowth from the alveo-dental periosteum. This same class of growths spring from the lining membrane of the sinus maxillare, and enlarging, dispart the bones, bulging out as a tumor upon the face, they are osteo-sarcomatous, or perhaps it would be more correct to say, sarcomatous tumors, purely fibrous in structure, and perhaps, exclusively benign; such tumors, if early and properly removed, are not at all apt to return. I have met with these growths over and again, they always seemed to me to have association with the bone only when such association was forced, as it were, on them. Such tumors are exclusively periosteal in their immediate relationship. I have examined them over and again with the microscope, but have found them made up exclusively of simple fibrous tissue. If these tumors have not advanced too far, you will see them on taking away the outer wall of the antrum, as some foreign body which has been impacted closely within the part; they have not the slightest pathological association with the bone, if we except their periosteal pedicle or base. Indeed, such seems the tendency to exclusiveness on the part of these growths, that I have seen them where they were as large as an infant's head, the integuments of the cheek alone covering them, the bone which must have originally formed their external envelope, having completely disappeared through absorption.*

The myeloid tumors of M. Paget seem to me justly classable with the osteo-sarcomatous, inasmuch as they so closely resemble fibro-plastic structures as to lead to the inference that such portions as seem marrow-like, are rather the result of retrograde metamorphosis, or metamorphose into the medullary type of carcinoma, than of original pathological development. It was on account of their being made up of the fibro-cell that M. Lebert gave such growths the original name "fibro-plastic."

I do not, however, presume to dispute pathology with M. Paget; so far as the purpose of our present classification is concerned, I have only to do with the fleshy appearance of these tumors. Minutely, they have been made up of marrow-like substance, or fibrilla; if in general appearance they are fibrous or fleshy-like, then they belong to the class osteo-sarcoma, when found associated with bony tissue.

A myeloid, says M. Paget, like a fibrous

* These tumors are not the polyps of the antrum.

tumor, may be either enclosed in a bone whose walls are expanded round it, or, more rarely it is closely set on the surface of a bone, confused with its periosteum. The sketches of fibrous tumors pictured in his "Surgical Pathology," page 105, might, he says, be repeated for myeloid tumors. M. Paget sets down these two kinds of tumors as being equally common to the jaws, both the superior and inferior. When, he says, the myeloid is enclosed in bone, the tumors usually tends to the spherical or ovoid shape, and are well defined, if not invested with distinct thin capsules; seated on bone, they are, (as exemplified by the epulic structures) much less defined, less regular in shape, and often deeply lobed. They feel like uniformly compact masses, but are in different instances, variously consistent. The most characteristic examples are firm; and (if by the name we may imply such a character as that of the muscular substance of a mammalarian heart) they may be called "fleshy." Others, he says, are softer, in several gradations to the softness of size gelatine, or to that of a section of granulations. Even the firmer are brittle, easily crushed or broken; they are not tough, nor very elastic, like the fibro-cellular, or fibrous tumors; neither are they grumous or pulpy; neither do they show a granular or fibrous structure on their cut or broken surfaces.

M. Paget describes sections of these tumors as appearing smooth, uniform, compact, shining, succulent with a yellowish, not a creamy, fluid. A peculiar appearance, he says, is given commonly to them, by the cut surface presenting blotches of dark or livid crimson, or of a brownish or a brighter blood color, or of a pale pink, or of all these tints mingled, on the grayish-white or greenish basis color. (In a foot note, M. Paget quotes from Lebert, who says the greenish yellow color that they may show depends on a peculiar sort of fat, xanthose.) The tumors, he says again, may all be pale, or have only a few points of ruddy blotching, or the cut surface may be nearly all suffused, or even the whole substance may have a dull modena, or crimson tinge, like the ruddy color of a heart, or that of the parenchyma of a spleen. M. Paget believes that many of what have been named spleen-like tumors of the jaws have been of this kind. The color they present, he says, is not due only to blood in them; more of it is appropriate to their texture, as that of the spleen is, or that of granulations; and it may be quickly and completely bleached with alcohol.

The following are the microscopic appearances which M. Paget says are peculiar to the myeloid growth, being imitated in no other morbid structures.

1. Cells of oval, lanceolate, or angular shapes, or elongated and attenuated like fibro-cells, or caudate cells, having dimly dotted contents, with single nuclei and nucleoli.

2. Free nuclei, such as may have escaped from the cells; and among these, some that appear enlarged and elliptical, or variously angular, or are elongated towards the same shapes as the lanceolate and caudate cells, and seem as if they were assuming the characters of cells.

3. The most peculiar form:—large, round, oval, or flask-shaped, or irregular cells and cell-like masses, or thin disks of clear or dimly granular substance, measuring from one-three-hundredth to one-thousandth of an inch in diameter, and containing two to ten or more oval, clear, and nucleolated nuclei.*

Corpuscles, such as these, irregularly and in diverse proportions, imbedded in a dimly granular substance, make up the mass of a myeloid tumor. They may be mingled with molecular matter; or, the mass they compose may be traversed with filaments, or with bundles of fibro-cellular tissue and blood vessels, but their essential features (and especially those of the many nucleated corpuscles) are rarely obscured.

Many varieties of aspect (as remarked by M. Paget) may thus be observed in myeloid tumors, and, beyond these, they may even be so changed, that the microscope may be essential to their diagnosis. After they partially ossify, well-formed cancellous bone being developed in them, cysts, also, filled with bloody or serous fluids, may be formed in them, occupying much of their volume, or even almost excluding the solid texture.

M. Paget says he lately amputated the leg of a woman, twenty-four years old, for what was supposed to be a cancerous tumor growing within the head of the tibia. She had pain in this part for eighteen months, and increasing swelling for ten months, and it was plain that the bone was expanded and wasted around some soft growth within it.

On section, after removal, the head of the tibia, including its articular face, appeared ex-

* These microscopic elements, as referred to in the paper on epulis, are presented on page 449 of "the Surgical Pathology."

panded into a rounded cyst or sac, about three and a halfinches in diameter, the walls of which were formed by this flexible bone and periosteum, and by the articular cartilages above. Within these was little more than a few bands or columns of bone, among a disorderly collection of cysts filled with blood, or blood-colored serous fluids. The walls of most of the cysts were thin and pellucid; those of some were thicker, soft, and brownish-yellow, like the substance of some medullary cancers; a likeness to which was yet more marked in a small solid portion of tumor, which, though very firm, and looking fibrous, was pure, white and brain-like.

None, M. Paget says, who examined this disease with the naked eye alone, felt any doubt that it was an example of medullary cancer, with cysts abundantly formed in it. But, on minuter investigations, none but the elements of the myeloid tumors could be found in it; these copiously imbedded in a dimly granular substance, appeared to form the substance of the cyst-walls and of whatever solid material existed between them. The white brain-like mass apparently composed of similar elements in an advanced fatty degeneratlon, neither in it, nor in any other part, could I find a semblance of cancer-cell.

M. Paget fails to inform us as to a return of this tumor; it does seem to me that in the present state of our knowledge of cancer growth, it would have been a very difficult matter to have classed such a tumor with the non-malignant. It certainly was very heteroclite in character, and whatever we each one individually may feel disposed to think of such a structure, it serves to exhibit the merging of the benign into the malignant, and their relationship. A consideration of such cases as these should serve to put the practioner on his guard, preventing his being too confident in any prognosis he may give to a patient.

An epitome of the myeloid may thus be presented:

They are a class of fleshy tumors called by M. Lebert fibro-plastic, because, he says, they are made up of fibro-cells. They are called myeloid by M. Paget, because he thinks they much more resemble marrow than fibrous tissues.*

In character, according even to M. Paget, they vary from simple semi-fibrous-semi-marrow-looking structure to those so heteroclite, that they seem to merge into the medullary.

Their favorite seat seems to be about the bones, either intra or extra, being, perhaps, more common to the maxilla than the other osseous structures.

They are growths which usually occur singly.

They are most frequent in youth, and very rare after middle age.

They generally grow slowly and without pain, and generally commence without any known cause, such as injury or hereditary disposition. (According to M. Paget.)

They rarely, except in portions, become osseous; they have no proneness to ulcerate or protrude; they seem to bear even considerable injury without becoming exuberant; they may shrink or cease to grow; they are not apt to recur after complete removal, nor have they, in general, any features of malignant disease.

Since writing the above I have accidentally fallen upon a classification of the tumors of the upper jaw, made by Mr. Hancock. After alluding to various classes, he says: "in addition to these, M. Paget adds what he terms myeloid tumors of the part; but whilst the examples he quotes resemble so much, on the one hand, the fibrous, on the other the medullary tumors, their true character, whether innocent or malignant, is so very doubtful, that I should hesitate in admitting them as a distinct class."

I am pleased to quote this from Mr. Hancock; he speaks my mind. There are already quite enough subdivisions in our science without adding those which we can do very well without. Indeed, it is because I so prefer a general, tangible, rather than a hair-splitting classification, that I am so disposed to stick to the embrasive term of sarcoma. I understand pretty well what a man means when he tells me of an osteo-sarcomatous tumor; he has only further to tell me whether it was benign, disposed to malignancy, or already malignant, and I understand exactly what he means.

Fibrous tumors proper, the fibroid, and the fibro-plastic, have general features in common—that is, as they belong to the class of sarcomatous growth—but then, in a pathological sense, they have such differences, that an epitome, at least, of their history should be reviewed by us.

In some instances, fibrous tumors are seen, under the microscope, to have a concentric development; this species is slowest of growth, is most benign, and never attains any size.

* M. Paget does not call all fibro-plastic tumors myeloid—he only says a myeloid is different from the ordinary fibro-plastic of Lebert.

In another species the fibres interlace in a most complicated and irregular manner. These kinds attain the largest size, and seem striding towards the hetroclite. A third class consists of an aggregation of nodules, and is compared by Dr. Humphrey to a conglomerate gland; the tumor, he says, is made up of small masses closely compressed together, having an uneven, knotty outline.

Fibrous tumors affecting the bones (Braithwaite) are usually found upon those of a spongy nature, upon the ends of the long bones, the phalanges, pelvis, and lower jaw. I will take the liberty to here correct the author, and add jaws. I have described these tumors as associated with the alveoli, with the external periosteum, and with the antrum highmorianum, and I know that they do so exist, as I have met them often enough practically, and so has every man who has had either personal or clinical experience. So far, says this author, as I have seen, they are confined to the exterior of the bones, growing from the periosteum and creeping along the surface of the bone in such a manner as to prove almost to a certainty that they originate in some morbid condition of the periosteal fibres. The bones underneath these tumors may suffer absorption in consequence of the pressure produced, but do not seem to be affected in any other way. They appear upon the maxillary bones more frequently than upon any other parts of the skeleton. On the lower jaw they spread along the ramus, encircling it beneath and on the sides, so that the bone is almost concealed by the tumor. In some instances they form within the substance of the jaw, probably from the alveolo-dental membrane, and as they increase, the walls of the bone become spread out over them. They grow up around the teeth, and, where they project into the mouth, may be soft and fungus.*

In some instances these fibrous tumors of the jaws exhibit a semi-cartilaginous structure and now and then fibres or plates of bone are formed in various parts of them. The progress of the disease is well illustrated by a series of tumors in the jaws in the College of Surgeons, from the museum of the late Mr. Liston. These preparations serve to show how necessary it is to bear in mind the mode of growth of these periosteal fibrous tumors of the jaws, because from their disposition to creep along the surface of the bone, whether it be an endosteum or periosteum, they are liable to return after removal, unless the immediately adjacent as well as the affected parts be excised. The histories attached to the specimens teach that very large fibrous tumors, both of the upper and lower jaws, together with the bones on which, or in which, they grew, may be successfully removed.

Now, as to the degeneration of sarcomatous tumors it is, I think, a question beyond doubt, that a tendency, greater or less, to retrograde metamorphosis, belongs to the class.

I need only instance the myeloid growth of M. Paget, just considered. Certainly nothing could more closely resemble medullary cancer—in, we may say, an incipient stage. And what are we to understand by the recurring fibrous tumor if there is no carcinomatous association.

Concerning the diagnosis of the sarcomatous tumor, and the ability to follow them through their gradations, it seems most important that we should not be ignorant of the distinguishing signs that exist.

I remarked that osteo-sarcoma was not unfrequently confounded with spina-ventosa. Now the point at which these two different conditions most nearly approach each other is in the hydated and the other cysto-sarcomatous growths.

Cysto-sarcoma, as implied by the prefix, is a tumor of only semi-solidity; its interior, or stroma, being made up of cysts and fleshy substance. These cysts are original formation and not of secondary character; that is, they are not the result of molecular disentegration. They are, according to pathologists, lined sacs, having a distinct secreting membrane. Miller describes the contents of these cysts as widely differing. and which every one must have observed: "They are more or less fluid; sometimes a clear, gluey liquid; sometimes a gelatinous, pale mass of semi-solid consistence, elastic and projecting beyond the level of the cut cyst, on a section being made; sometimes solid, consisting of a fibrinous deposit, organized very imperfectly, if at all; sometimes of an atheromatous, or pappy consistence, as in many encysted tumors. Sometimes, but more rarely, a dark fluid, like printer's ink, is contained; sometimes blood is mingled with the contents, either in the solid or in the coagulated form.

The very nearest approach, however, made by cysto-sarcoma to spina-ventosa, is in that

* Here I did class them with the epulides, but it is seen that on this account their pathological character is not at all interfered with—it should never be a name—but disease and conditions that we should study.

class, very well named by some author, (as I remember to have seen,) the "Cysto-succulent." These are sarcomatous tumors, the stroma of which is made up of very loose fibro-cellular tissue. They might well, in their contents, be likened to that of a water-melon; solid enough on section, but compressable into nothing. The fibrous contents of the stroma is, however, always a distinguishing sign. These tumors are very rare, and particularly so about the bony structures.

Müller has described a variety of these cysto-sarcomatous growths, which he calls "Cysto-sarcoma phyllodes." "The tumor," he says, "forms a large, firm mass, with a more or less uneven surface. The fibrous substance, which constitutes a greater part of it, is of a grayish-white color, extremely hard, and as firm as fibro-cartilage. Large portions of the tumor are made up entirely of this mass; but in some parts are cavities or clefts not lined with a distinct membrane, (an exception to the rule in cystic tumors.) These cavities contain but little fluid, for either these parietes, which are hard, like fibro-cartilage, and finely polished, lie in close apposition with each other, or a number of firm, irregular laminæ sprout from the mass, and from the walls of the fissures; or excrescences of foliated, or wart-like form, sprout from the bottom of the cavities, and fill up the interior. These excrescences are perfectly smooth on their surfaces, and never contain cysts or cells. The laminæ lie very irregularly, and project into the cavities and fissures like the folds of the psalterium in the interior of the third stomach of ruminant animals. Sometimes the laminæ are but small, and the warty excrescences from the cysts very large, whilst, in other instances, both are greatly developed."

Cartilaginous, or the enchondromatous tumors of Müller, might, perhaps, for all practical purposes, be classified with the sarcomatous, for while it might demand some little stretch of the imagination to conceit a cartilage into looking like a fleshy tumor, yet surgically, the species are very much alike; that is, both are reasonably benign; both are little amenable to the action of the sorbefacients, and both are better treated by the knife than in any other way.

As we understand the osteo-sarcomatous tumors proper, to be outgrowths associated with periosteal membrane, so we are led naturally to ask ourselves the cause of their formation. This I conceive to be twofold: First, as the result of local irritation; second, as the result of constitutional conditions, and still again we may combine these two, laying the predisposing cause in the one, and the exciting in the other.

Only this morning my attention was directed by Prof. Gibson, late surgeon of the University, to a case markedly illustrative of this latter condition. An old gentleman of this city, Mr. F., seventy years of age, was struck by a stone on the cheek while out riding, a month or so back. He has now growing from the site of injury a tumor, diagnosed by Prof. G. as osteo-sarcomatous. The growth of this is so rapid and so formidable, that I should incline to view it as running rapidly into the malignant. No one, I think, would incline to doubt that in this case the disease has a twofold relation.

When osteo-sarcoma takes on this rapid growth, its innocency may always be doubted; when the developement is slow and regular, and particularly if the origin can be traced to some local irritant, extirpation may be expected to result in complete cure.

When these tumors are fairly and openly benign we find no constitutional disturbance, at least outside of influences that are strictly mechanical.

Osteo-sarcomatous tumors of the sinus-maxillary should not be mistaken—as has often been the case—for polyps of the nares. It sometimes happens that these tumors, particularly the softer variety, find their way through the outlet of the antrum into the nostril, and there simulate very closely a common fibrous polypus, and such tumors have often been highly aggravated by operations influenced by such mistaken diagnosis. Again, polypi of the nostrils may find their way through the same passage into the antrum, and enlarging, represent perfectly the sarcomatous tumor of that cavity. Now, pathologically speaking, being somewhere about one and the same thing, it would be no difference where or how the growths should develop, but so far as operative proceedings is concerned, a mistake made would be quite awkward enough.

As regards changes common to the sarcomatous growth, they may be considered under the heads of softening suppuration, and malignant degeneration.

Softening, says Dr. Humphrey, appears to take place in two ways:

First, as a chronic process, affecting some circumscribed portion of the tumor, which is usually at or near the centre. The change is

observed to commence with a slight discoloration—a yellowish or dark tinge—which is followed by a loosening, or incipient disintegration of the structure; at the same time a line of demarkation is formed round the altered portion, which becomes seperated like a sequestrum from the surrounding mass. Both the detached portion and the cavity, are at first rough and thready on their opposed surfaces; the former undergoes still further disintergration and solution, becoming broken up into a number of small fragments, which float about in a dark, dirty, turbid fluid, and which may, ultimately, quite disappear.

The process of destruction may go in the adjacent portion of the tumor, enlarging the central cavity, till the whole is reduced to a fluid or a semi-fluid mass, walled in by the capsule of the tumor, which now stands in the relation of a cyst-wall to the disorganized contents.

In some cases the softening process is completed without extending the circumference; the ragged processes hanging into the interior of the cavity are removed. The latter acquires a smooth lining, and looks like a simple cyst lying in the cavity of the tumor.

A second mode in which softening takes place is more rapid and diffused, the whole, or a greater portion of the tumor being affected at once.

The change commences with the infiltration into the mass of a serous fluid, whereby its texture is loosened and its components separated; at the same time the tissue of the tumor is softened, and interstitial absorption is set up in it.

As the result of these processes combined, the tumor is soon broken up into detached fragments, and reduced to a diffluent pulp, or it may be completely liquified. These changes, Dr. Humphreys suggest, are occasioned by some altered state of nutrition analogous to inflammation; they may be induced by some accidental cause, as an injury. Nevertheless they are not necessarily attended with any constitutional disturbance at all corresponding with the extensive destruction which is in progress.

Suppuration.—This I infer, from consultation with many authors lying upon my table, to be very rare. It may commence internally, or progress from without inwards.

Cancerous Degeneration.—The general features and conditions of such degeneration has been considered in the body of this paper. It remains, however, to point out a second cancerous relation, namely, the existence of compound tumors. Dr. Leves-Barthworth relates a case where melanosis was deposited in the stroma of a fibrous tumor, and Dr. Humphreys exhibited a large fibrous tumor completely enveloped in cancer. In such cases we can only infer the fibrous tumor to have existence through a provocative local irritation, while the cancer conjoined with it is a seperate and distinct disease, the result of eucheny.

(*To be continued.*)

Suicide versus Homicide.

By S. D. Willard, M.D.
Of Albany, New York.

In a recent number of the Reporter, that of July 27, (page 377,) there is a "Report of Fifteen Cases of Suicidal Deaths by Cutting the Carotid Arteries." The article is one of no inconsiderable interest, and the reader may find the investigation of a subject somewhat similar in the "Statistics of Suicide in the City of New York," by Dr. John G. Adams, an article recently published in the transactions of the New York State Medical Society.

But the object of the present communication is to present the medical facts of a case where both carotids were found divided, and where the question of suicide or homicide is involved. The facts will be presented as they were elicited at a legal investigation, and, without offering our own opinion, we leave each one, as an adept in medical jurisprudence, to the formation and responsibility of his own.

"The subject, was a female, aged about forty; weight about ninety-six pounds; spare habit. She was found dead, in bed, cold and stiff, lying as if asleep, with eyes and mouth closed, with her left side near the left side of the bed. Bed not much disturbed. Left hand on the breast, while the elbow was partly covered with the bed-clothes; the right arm was crooked at the elbow a little, the hand away from the body from twelve to eighteen inches, with the finger partly flexed, and lay on the sheet; the bed clothes were turned down several inches further on the right than on the left side, and appeared undisturbed in this place, as well as at the foot of the bed.

The right leg lay straight, while the left was a little elevated or bent at the knee; she had on long stockings and gaiters.

The body lay on its back, a little turned to the right; the head a little more turned to the right, at the same time the chin considerably elevated or pressed backwards so as to make the wound gape very much, while the head was very much imbedded in the pillow; the razor, partly open, lay under the right fore-arm, and partly concealed by it: an extensive cut was found in the neck, severing all the soft tissues; extending nearly transversely across the neck, cutting through the cricoid cartilage, nerves, œsophagus, both carotids, pneumogastrics, veins, and all the muscles on the anterior portion of the neck, cutting through the outer periosteum of the fifth cervical vertebræ and into its osseous matter, and also through scaleni muscle of the left side, and cutting off a portion of the left transverse process; skin on right side cut forth more than tissue; tissue on left side cut more than skin.

The wound gaped about two inches, while the lower end of trachea was retracted about two inches, and thyroid cartilage was turned outwards and forwards; circumference of neck twelve inches; curved length of cut five and a half inches. Tongue was chewed laterally, and presented distinct, true, and chymosis points opposite molar teeth, and extended into its substance.

Blood flowed directly out, and ran under her back and shoulders, saturating irregularly the under sheet and other clothes for a space equal to about twenty to twenty-seven inches square. Also the back of her night-clothes and the portion of the pillow under her neck and back of the head, and extending laterally on left side of neck about three inches, and on the right about six inches, and flowed into the feather tick so as to saturate as many feathers as would fill a quart-mug. Beside this, there was a saturated spot of blood on the sheet, and laying in front on her breast between her night dress and the bed cover, the latter not soiled; also bloody finger marks on the face and the lower left hand; corner of right-hand pillow was crumpled up, and stained with bloody fingers or knuckles; across the palmer-phalanx of right hand was a stain of blood, but none on any other portion of it, none on the left hand. There was no blood on the anterior part of the body or neck below cut, nor was there any on the night-dress in front, nor on the neck or face above the cut, except the bloody finger marks above referred to.

There was blood on the edge of the razor, but none on the back, say about two-ninths of the polished surface of the razor had blood on it, and that was on the edge, while the rest was clean.

There were no jets or spirts of blood in any direction, while, from appearances, the blood simply ran outwards and forwards. The amount, of course, is at best conjectural, but it could not have been much, or there would have been more saturation of the bed and bedding.

Twenty-two hours after death, when the wound was sewed up, there was from three to six ounces of fluid blood sponged from the oozing vessels, and it had to be stuffed with cotton-bat, sewed and compressed, and bandages applied, in order to stop the bleeding.

Lungs congested and somewhat appoplected. The condition of the lungs is worthy of note.

Right Lung.—This lung weighed seventeen to eighteen ounces, and presented a specific gravity of .807, while the appoplectic portion presented a specific gravity of .922.

Left Lung.—This lung weighed fourteen ounces, and presented a specific gravity of .691.

Having fixed in the mind the position of the body, and the attending circumstances, the following inquiries are suggested:

Was this a case of suicide, or was it designed to imitate suicide for the concealment of murder? Does the position of the body, the composure of the body-garments and bed-clothes, the head pressed firmly and deeply into the pillow, and the elevation of the chin, favor the supposition of suicide? Does the comparatively bloodless condition of the hands, arms, and even the instrument itself, indicate that they had been in near contact with the spirtings of newly divided carotids? Would not jets of blood been thrown several feet, and over the anterior part of the body and bedding, by a division of the carotid arteries while in a recumbent posture? How came the bloody finger-prints on the face, and lower left-hand corner of the right pillow of the suicide who had lain down to die composedly after a fatal incision? And how came an isolated spot of blood twelve or fourteen inches in front of the body, and the sheet crumpled as if it had been pressed into the wound?

Notice the limited amount of blood-stains on the bed, they being only about twenty-seven inches square, and the exceeding small amount of blood found in the feathers, there being no stain on the nether bed.

Nor less important is the testimony that, in

twenty-four hours after death, from three to six ounces of blood had continued to flow from the wound, and that the hemorrhage was arrested only by stuffing the wound with cotton batting, sewing it up, and applying a compress and bandage. Does an animal bled to death continue to have blood ooze from the wound for twenty-four hours? Another significant fact, in the testimony, is that the weight of the lungs appears too great to be consistent with death from hemorrhage—the right lung weighing seventeen ounces, and the left one fourteen. This is more than double the weight in similar cases, dying from hemorrhage. The right lung was congested, and apoplectic in places. Is this consistent—a congested state of the lung in a subject in health, having died suddenly by hemorrhage? The chewed tongue indicates a severe convulsion or struggle, a thing not quite likely to occur in the sudden exhaustion that must follow the division of the two carotids, nor altogether consistent with composed and tranquil features, and closed eyes and mouth. The character of the incision should not escape particular notice, as being inconsistent with suicide being effected with a razor, the wound being deep on the left side, the vertebral process being shaved off, the inter-vertebral muscles cut through, while the osseous substance on the anterior part of the fifth cervical vertebræ was cut into.

Is there anything in this testimony to establish the opinion that the subject was strangled or suffocated, and the suicide imitated to conceal the homicide?

Based on the medical testimony already given, the views of an eminent medical man (Alfred S. Taylor, M.D. F. R. S., Prof. of Med. Jurisprudence in Guy's Hospital, Regents Park, London,) are submitted.

From these documents, he says, it appears to me—

1. That the wound in the throat must have been inflicted while the deceased was *lying on her back*—i. e., in the recumbent posture.

There was no blood on the anterior part of the neck below the cut, and there was no blood on the anterior part of the body, or night-dress.

Considering the blood-vessels divided by the wound in the neck, the fore-part of the person and dress, if deceased were sitting up at the time of its infliction, could not have escaped receiving a considerable amount of blood.

The description of the flow of blood being chiefly on each side of the neck, is in accordance with the view that the wound was inflicted while deceased was on her back.

The head being deeply imbedded in the pillow, is also in favor of this view, since, had deceased sat up at the time of infliction, I do not believe that, by any accidental fall, such an imbedding of the head in the pillow could have taken place; and further, it is not conceivable that the head should have been thrown back as the result of an accidental fall.

2. Taking the depth, extent, and direction of this wound in the neck, it is not such a wound as a person could inflict on himself, or herself, *while lying on the back in a recumbent posture.*

The large blood-vessels on each side of the neck were divided. Assuming that a suicide might have power, after dividing the carotids and jugulars on one side, to carry a razor through the trachea and œsophagus, as well as through the blood-vessels on the other side, I am decidedly of opinion that there would not have been the power to shave off the left transverse process of the fifth cervical vertebræ, or to penetrate the osseous structure. In the recumbent posture, such an act would require the exercise of great muscular force, at a very great disadvantage in the position of the right arm for using the required force.

Assuming that the incision was made from left to right, the fifth vertebræ must have been implicated in the incision before the weapon was carried to the right side at all; and yet it is stated that, in the right side of the neck, there was a cut in the skin one-quarter of an inch further than the tissues wounded.

This fact proves to my mind a deliberate withdrawal of the weapon, quite inconsistent with the fact that the blood-vessels, on both sides of the neck, had been divided, and the periosteum and osseous structure of the fifth cervical of vertebræ had been cut or penetrated.

3. On the hypothesis of suicide, a wound of this extent and depth must have been inflicted with tremendous force and with great rapidity. There must have been a sudden and copious loss of blood from the divided blood-vessels of the two sides of the neck.

How came the right hand to be in a position by the side of the body, only slightly bent—the weapon not grasped within it—but lying on the bed six or eight inches from the wrist? No muscular power would, in my judgment, have remained to enable the deceased to have placed her arm in this position after the inflic-

tion of such a wound in the recumbent posture; and there is no conceivable accident by which it could have assumed this position, unless the body had been interfered with before it was seen by the medical attendant.

The weapon, on the view of suicide, should have been in the grasp of the hand, considering the enormous muscular power which must have been used in an act of cutting which involved the body of one of the vertebræ; if not in the grasp, the part by which the weapon was held should have been close to the palm.

The right hand presented only on the palmar surface a light streak of blood. The left hand is not described as having any blood upon it. Had the right hand of deceased inflicted such a wound as is described, the back of the hand, as well as probably a part of the palmar surface, would have been covered with blood. The presence of a light streak only on the second row of the phalanges of the palm is inexplicable on the presumption of suicide. The weapon must have been grasped and held firmly in the right hand; hence, the palmar surface might have escaped, but the dorsal surface in my opinion *could not* escape receiving some blood from the vessels divided on the left side, and subsequently from those divided on the right side.

The spot of blood twelve or fourteen inches in length, etc., on the bed clothes, and the spots on the pillow to the right (and face) have no communication with the main source of hemorrhage. They must have been produced subsequently to the wound in the neck. There is no conceivable theory by which the deceased could have produced them, or that they could have resulted from any act on her part on the supposition of suicide.

Taking the altitude of the body, the nature of the wound and the medical circumstances in reference to the position of the stains of blood and the weapon, I am of opinion that this wound was not inflicted by deceased on herself; but that it must have been inflicted by some other person.

A case somewhat similar occurred to me some years since. The assassin in this case cut the throat of a woman while asleep. He cut off one of the cotton strings of her night-cap—this was found on the floor—the microscope showed fibres of cotton in the coagulated blood on the razor.

The head of deceased was pressed backwards on the pillow, and it would appear as if the chin had been raised or pulled upwards at the time of the act of cutting.

Medical Societies.

RHODE ISLAND MEDICAL SOCIETY.

LETTER ON SOME POINTS OF MILITARY SURGERY.

By Usher Parsons, M. D., of Providence, R. I.

[Read before the Rhode Island Medical Society, Dec. 19th, 1860.]

Dear Sir:—In reply to your inquiries as to the result of my experience in naval and military surgery, particularly as to ventilation, clothing, &c., I have to state that two or three of the points you allude to were strongly impressed upon my mind, which I will now refer to; and first, in respect to *ventilation*. In the battle of Lake Erie, on the 10th of September, 1813, nearly a hundred were wounded—sixty-one of them on board the Lawrence, twenty-three on board the Niagara, and about a dozen in the smaller vessels. There were eleven cases of compound fracture, besides simple fractures, many gun-shot wounds and extensive lacerations; and among them all several amputations were required. Those wounded on board the Lawrence were ranged on the upper deck in the spaces occupied by the cannon and gun carriages, which were removed from both sides of the deck to afford room for mattrasses. The only shelter over the wounded thus lodged was an awning that served to screen them from the sun, and tarpaulins and canvas to spread over and shelter them when it rained.

To the wounded of the Lawrence were added, *after two days*, those of the Niagara and of the small vessels. The whole number of patients, requiring a recumbent posture on the deck, was about fifty. They remained in the ship fourteen days after the action, and were then landed at Erie and lodged in a large unfinished court-house, and remained there until cured. Of the ninety-six wounded only three died, and these were cases of so severe a nature that a surgical operation was not deemed justifiable, and they were left to linger out a few days of misery. This entire success I have ever felt warranted in ascribing to the purity of the air, more than to any other cause.

Secondly, another cause of success worthy of special notice, was the *delay of severe surgical operations until the system was entirely recovered from the shock of the injury*.

Having sole charge of the wounded of the whole fleet (the other two medical officers being ill), and the wounded being passed down to me for aid faster than I could attend to them in a proper manner, I aimed only to save life during the action, by tying arteries or applying tourniquets to prevent fatal hæmorrhage, and sometimes applying splints as a temporary support to shattered limbs, and in two or three instances small portions of flesh were divided which held a dangling limb to the great an-

noyance of the patient. In this state the patients remained until the following morning, under the free use of cordials and anodynes. At sunrise, I began amputations, and in the course of the whole day and evening was able to finish all operations and dress at least once or twice, and to do justice to them all. On the following day, I visited the other vessels, and brought all the wounded on board the Lawrence, and treated them in like manner. Now, as all but the hopeless cases recovered, it was proved satisfactorily that the delay of amputations and other severe operations for one, and even two days, had no unfavorable effect upon the chances of recovery. Probably some lives were saved by it which would have been lost had the operations taken place on the day of the injury. I am, however, advancing no new doctrine in this matter, but only adding facts strikingly illustrative and confirmative of its correctness.

A third cause of success in this action, was the plentiful supply of fresh provisions and vegetables, brought to the fleet from the shores of Ohio, and a generous supply of wine and other cordials.

Fourthly, there can be no doubt that cheerful and buoyant spirits, occasioned by victory, contributed not a little to recovery.

In two other actions I saw much to confirm the foregoing opinions. In an attack on Mackinac, the following year, by Col. Croghan's small army, transported thither in our vessels, the number wounded was less than half that above detailed. Our vessels were crowded with troops, and afforded no suitable lodgings for patients. The air became foul. Diet mostly salt meat, with no fresh vegetables, and added to this was defeat in the enterprise, for we were repulsed. Consequently, the wounds acted unkindly, and some died that under more favorable circumstances might have recovered.

In a third action, opposite Black Rock, near Buffalo, nearly a hundred sailors crossed over the Niagara in a cold night, late in November, for the purpose of taking a battery by storm, preparatory to the crossing of General Smyth's army to take Upper Canada. The sailors succeeded, with the loss of six or seven officers and men killed, and thirty wounded. The distance across the river was about one mile, and the wounded were much chilled while returning in an open boat. The apartments for receiving them were very small and ill ventilated, but this was slightly remedied by keeping up a wood fire, which served to establish a current of fresh air from without. There were extensive suppurations, and some deaths of such as under favorable circumstances might have been saved.

You inquire the result of my experience in amputation for tetanus. It is decidedly against it. I have amputated twice without any benefit. The disease, in fact, is seated in the spinal cord. Actual cautery over this, with an iron brought to a white heat, is reported to have allayed the spasms in some cases, but I have seen no case of successful treatment of an established tetanus. For prevention, after battle, of traumatic tetanus, I deem it of great importance to graduate the covering or clothing of wounded patients according to the temperature of the air, hot days succeeded by cool nights having been found the most productive cause of tetanus.—*Communications, Rhode Island Med. Society*, 1861.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.,
Of Frewsburg, N. Y.

SPINAL MENINGITIS.

In the *American Medical Monthly* for July, Dr. A. Jacobi continues the report of his clinic for diseases of children. His remarks upon a case of spinal meningitis are interesting, as bearing on an idea quoted in a former number of our *summary*. He says, "It has long been supposed or known, that there are remedies that have a direct influence on the size of the blood-vessels; for instance—cinchona. On several others, Brown-Sequard has made very careful and accurate investigations, viz: on ergot and belladonna. He attributes to ergot the power of contracting the elastic layer of the blood-vessels, and vindicates to belladonna a similar action; so much so, that it would prove the exact contrast to opium, which is known to dilate the lumen of blood-vessels. Ergot is declared to be of excellent service in hyperæmic conditions of the spine and consecutive paralysis; whereas strychnia, which has been the routine remedy in any and all spinal diseases complicated with paralysis, is indicated in such only where there is anæmia."

In the case detailed by Dr. Jacobi, the patient had lost all control over the limbs, also the bladder, and for two months had been subject to convulsions daily, and even five or six times a day. The patient was eleven years old, and the following is the Doctor's prescription:

"℞. Infus. secal. cornut. (e ℥jss, cum. acid. sulphur. dilut. ℈j. parat.) ℥jv.; sulphat. quin., ℥ss. M. D. S.; a teaspoonful every three hours."

This was increased after a little. The con-

vulsions diminished in frequency, until after about four weeks, when they ceased entirely, and she recovered the power of her lower limbs. Improvement continued for three weeks, when the stomach and bowels became disturbed, and the ergot had to be discontinued. In about two weeks the convulsions began to return. Ergot was again commenced with, and again the convulsions ceased, but before a cure could be effected the patient was taken from the hospital.

The case illustrates, in a very marked degree, the influence of ergot over some forms of spinal disease. We confess that in these cases we may not have been sufficiently discriminating; but, in such cases as have fallen to us, strychnine, quinine, and iodide of potassium, have, one and all, answered our most sanguine expectations. We do not believe that any person can long take ergot with impunity. Quinine and strychnine can be administered almost indefinitely without fear of injury. The subject of spinal and cerebro-spinal disease is one of vast importance, and we hail with pleasure any opinions and experiences bearing upon the subject.

ECZEMA CAPITIS.

Dr. Jacobi's clinical report, in the number of the *Monthly* above referred to, contains the report of the treatment of several cases of eczema capitis. The results of treatment, it seems to us, were not as prompt and satisfactory as could be desired. In the first case reported, after two months of treatment, the patient was presented to the clinic even worse than at first.

Of these cases, and of *tinea capitis*, we have treated a goodly number of cases, with unauthorized treatment, and with such prompt and happy results that we have been induced to communicate our experience to the profession. The agent with which we would cure such cases is the *petroleum*, and we believe it to be as much a specific for these very annoying difficuities as quinine is for the ague. In the last ten years we have not known a failure. In that time we presume we have published a dozen articles upon the subject, and we do not know that we have influenced a single physician to give the agent a trial!—certain are we that no work upon *materia medica*, or upon *practice*, has ever alluded to this agent as a remedy in this disease.

We would poultice until the scabs are entirely removed, bathe afterwards every morning with alkaline solution, and apply the *petroleum* at night—covering the head with a cap. The patient will be well in two or three weeks.

Three years ago a lady visited us from a neighboring town, troubled with eczema capitis. She had been treated by an eminent physician for many months, and I think for several years. Failing in benefit, she visited a celebrated water-cure in the eastern part of the State, and from there, we believe, visited New York, and took the advice of a distinguished physician there; but all to no benefit. She was at our house on a visit, and not for advice. We gave her four ounces of petroleum and asked her to try it. A few weeks later we saw her with a scalp perfectly sound.

A few days since she consulted us again, saying the disease was just beginning to return, and she could find in none of the druggists' establishments an article that resembled that which we gave her, and she now called for a new supply. The article used was that obtained in Pittsburgh. This lady had probably spent two hundred dollars in getting a cure, when she might have been cured at any time for a dollar.

MONSEL'S SALT.

A correspondet of the *Pacific Medical and Surgical Journal*, writing from Washington, after having visited New York, says that he inquired for Monsel's salt in the last named city. The only article to be found, and bearing Dr. Squibs' label, was "fluid and black as ink, looking like sulphuric acid long kept in a corked bottle. I opened a bottle fresh from the chemist, and still doubting my eyes, touched my tongue to the stuff. If I had touched it to unadulterated sulphuric acid by mistake, the astonishment would not have been greater." . . . "I modestly intimated that *our* Monsel's salt was golden yellow, solid, dry, in scales, not acid, and fifty times as styptic as that, and a better hœmostatic beyond comparison than perchloride of iron, which is used on this side of the continent to arrest bleeding."

PROPYLAMINE.

In the Boston *Medical and Surgical Journal* for July 25th, Dr. H. T. Cummings has an article upon the progress of materia medica. Propylamine has been largely used during the last year in rheumatic and certain other affections, and Dr. Cummings here refers to a new source of supply. He says of *cod-liver oil*, "It is alluded to here, as a reliable source whence to obtain that alkaloid. As the result of an experiment in that direction, the writer took four pints of cod-liver oil, and distilled it with potash and quicksilver, obtaining, as the result of the operation, thirty-two ounces of distillate containing a large proportion of pure propylamine. A quantative experiment gave, as an approximative result, ten grains of sulphate of propylamine, which possesses all the properties of that obtained from the brine of herrings, or the ergot of rye. This was the result of an ex-

amination made upon a specimen preserved in a cork-stopped bottle, which had been distilled more than a year ago. It is fair to presume that a portion of the alkaloid must have been lost by evaporation, as the bottle had been frequently opened, and the cork was not very tight, so that the yield of the crystalized salt from a freshly distilled specimen might be expected to be considerably larger. If propylamine possesses the efficacy ascribed to it in rheumatic affections, the reputation possessed by cod-liver oil in similar affections must be due in great part to that element, which occupies in cod-liver oil the place that glycerine does in many other oils.

TREATMENT OF RATTLESNAKE BITES.

Between the time when our labors ceased in the *American Medical Monthly*, and commenced in the Reporter, a few journals escaped notice, and a *summary* of a few important papers was omitted. In the absence of more important material, we shall make reference to a few of those journals.

In the *North American Medico-Chirurgical Review*, for March, Dr. S. Weir Mitchell has an article of *forty-two* pages upon the treatment of rattlesnake bites. Dr. Mitchell has experimented largely in reference to the treatment of these bites—has kept snakes for this purpose, and experimented upon pigeons, rabbits, dogs, etc. Almost every proposed method of treatment has been tried, and generally without that good result which has been claimed for the different methods. We shall refer only to his conclusions in regard to one or two of the most important methods of treatment, and then give his treatment, as deducible from his experience.

His opinions of Prof. Brainard's treatment may be gleaned from the following extracts: "A comparison of these results and a reference to the above stated experiments, suffice to show that while iodine seemed to retard the constitutional action of the venom, it did not annul that action. I am, therefore, unable to confirm Professor Brainard's views."

We would suggest that there was one source of failure in Dr. Mitchell's experiments. He tests the antidotal powers of the iodine over the poison by first mixing and then injecting. To test Prof. Brainard's treatment, he should adopt his method. He is, however, favorably impressed with the action of iodine, and speaks even more favorably of Prof. Brainard's treatment than any other. "On the whole, therefore, the evidence is strongly in favor of the ability of iodine to diminish the local evils caused by venom, and, in so far, to lessen the general danger. If, too, a mixture of iodine and venom gives this as a result, it may be perfectly possible to modify a previous wound by the subsequent infiltration of neighboring tissues with iodine or tannic acid, and for this nothing can be more effectual than the mechanical means proposed by Dr. Brainard." He speaks thus of Bibron's antidote: "The experiments here related, and the general results of the use of Bibron's antidote are, on the whole, so discouraging as to render it probable that it is in reality not more valuable than other agents which have once enjoyed an equal reputation. While expressing this opinion, founded chiefly on my own inquiries, I cannot help feeling that it is impossible to settle the question definitively without a further and larger experience in the form of human cases of venom poisoning, which should be studied with care by the light which I have endeavored to throw upon the subject—reference being had to the number of fang-marks, the size of the snake, etc."

Of alcohol, he says, "If, then, I am correct in my views, alcohol is to be looked upon as merely a counter-active agent; in a word, as a stimulus to be employed to buoy the patient over the prostration caused by the venom poisoning." This is not necessarily an objection to the remedy, an antagonizing effect upon the system may be as happy in its effects as an antidote to the poison. It is quite immaterial to the patient, by what means his life is saved; a remedy introduced into the system may be beneficial, that will not, when mixed with the poison, act as a neutralizer of the venom. The following is Dr. Mitchell's advice in regard to treatment: "The disease caused by the venom is sometimes so prompt and terrible that it is impossible to rouse the system through the stomach, and this is doubly difficult when vomiting becomes one of the prominent symptoms of the general prostration. Under these circumstances, enemata of brandy may be used, and inhalations of hot alcohol, or even of ether resorted to, in order to re-excite the flagging powers.

When called to a patient who has been bitten by a rattlesnake, the physician should at once ligate the limb with a *broad* band, as tightly as may be needed to check the circulation, while, wherever it is possible, cups should be also used immediately over the wound. The question of immediate excision or ablation of the part will be then determined by considerations already before the reader, (local treatment.) Setting these means aside, the iodine treatment, as limiting the local disease, may be then resorted to; but if, as is usually the case, there is no instrument at hand to make possible this treatment, incisions and the actual cautery are the final resort. Meanwhile, stimulus in some shape should be given, and when the excitement thus obtained is sufficient, the finger should be laid on the pulse, and the band loosened. As the system becomes depressed, the ligature is once more to be drawn tighter, and, with continued use of stimulus, the economy prepared for another dose

of the venom, which is thus to be antagonized little by little. Finally, it will be requisite to shift the band higher up the limb, to avoid the too great constriction of the damaged member. The further management of the case, with regard to stimulus, must be left to the physician, who will remember that in most cases of severe poisoning, he has to deal finally with a blood which has lost a part or the whole of its power to coagulate. He may find in the mineral acids, tonics, as quinine, and the continued use of stimulus, the necessary means for carrying his patient through the later stages of the malady."

SEA-SICKNESS.

In the Maryland and Virginia *Medical Journal* for March, Dr. Wm. Mason Turner has an article upon the causes and treatment of sea-sickness. The doctor reviews at some length the views of Dr. Armand, of France, by whom it is stated that sea-sickness is the result of *perverted vision*, resulting in cerebral fatigue, and producing a series of sympathetic phenomena. Dr. Turner has twice crossed the Atlantic—many times St. George's channel, and "more than once steamed from one end of the Mediterranean to the other," and claims the right to speak upon this subject. He thus refers to the views of Dr. Armand:—"In refutation of Dr. Armand's proposition or conclusions concerning perverseness of vision causing sea-sickness, I have brought illustrations *au contraire:* first, in observation one, where swift passage through water in calm seas, with good winds, produced the least bad effect; and secondly, in observation two, when in a heavy gale, chopped sea, and vessel lying to, when all the emigrants were below and out of sight of every thing—in other words, where vision was not called into play at all—there was most sea-sickness. More than that—and I am indeed thankful to be able to report this particular point—there was a man aboard the Admiral who was entirely blind, having a hard cataract in one eye, and corneal opaqueness complete in the other,—a man who had not seen for twenty years—who could not tell day from night—yet that man was violently sea-sick for thirty-eight days: in fact, from the time we left the 'channel' until we made Sandy Hook. Perverted vision, with a vengeance!

"Again, how can it be possible that perverted vision could have occasioned sea-sickness in one who kept the state-room and the bed from port to port? I hold just such a case now in my memory. A lady, on the French steamer Meandre, was sea-sick from the time she left Marseilles until she landed at Alexandria, in Egypt; yet she never stirred from her state-room, which was below the saloon-deck, and where there was no light scarcely, which she avoided altogether by closing the dead-light and foregoing the use of the lamp. So much, then, for Dr. Armand's 'fatigue of the eye' and 'perverted vision,' which, to a blind man, and to a woman shut up in what might be termed a 'black hole,' is something to be thought of!"

Dr. Turner's views are thus stated:—"From careful observation, I come briefly to remark, that I attribute sea-sickness *simply and entirely to the unnatural motion of the ship*, which motion affects, by deficient circulation (chiefly) and otherwise, both brain and stomach—it matters not which first." In proof of this, he adduces the following:—"The sailor is accustomed to tread his ship's deck to the ceaseless roll of the sea. When he gets on land, he forgets this peculiar (*his* customary) mode of perambulation; he raises his foot and careens to starboard and larboard, to windward and leeward, expecting, from habit, to be met half way; but, unfortunately for his expectation, the ground is a fixture. The sailor that sets up an unnatural motion, a motion which throws his stomach topsy-turvy, and the result is the fact—notwithstanding the paradox—that he is sea-sick on land. I have often experienced this feeling myself. No one will say the vision is at fault." We would like Dr. Turner's explanation better if he had said *unnatural motion of the person*, instead of "*unnatural motion of the ship*, then his explanation of *land-sickness* would have been apt. We add Dr. Turner's remarks in regard to treatment: "So far as regards the cure for sea-sickness, I think little can be done. The different viscera must become habituated to the unnatural motions of the ship, and to the effects of inequalities of circulation thus produced. I know of nothing better than to wear a broad bandage tightly around the stomach and abdomen, for manifest reasons, and the resolve to 'tough out' the sickness by braving the weather, and endeavoring in storm or shine to keep the deck and learn to walk it. Lying down about 'midships, where the boat is more on a pivot, and, of course, more at rest, and keeping the horizontal position, will relieve sea-sickness; but so soon as the upright position is resumed, the nausea and vomiting returns. When the case gets sufficiently violent and protracted as to merit notice, I found nothing to act better than small quantities of calomel, (quarter of a grain,) placed at intervals on the tongue, and allowed to dissolve. This, preceded by a teaspoonful of the fluid extract valerian, and a mustard plaster over the stomach, (allowed to produce vesication,) never failed to be productive of good results."

CONSUMPTION, ETC.—PRESCRIPTION FOR.

In the *Baltimore Journal of Medicine*, for March, Dr. C. T. Horton gives a prescription, which he says "is for the treatment, and I hope, too,

the cure of consumption, bronchitis, or any affection of the air passages."

The following is the recipe:

R.—"Etherial tinc. cannabis indica, half pint.
Extract liquorice, half pound,
Potassæ carbonas purus, half pound,
Warm water, one gallon. Mix.

Dose, one tablespoonful three times a day, gradually increased to two tablespoonsful."

The following is the formula for the *etherial tincture.*

R.—"Alcoholic extract cannabis indica, two ounces,
Ætheris sulphuricum, one pint. Mix,

And you have a beautiful tincture."

The editor of the above-mentioned journal, says Dr. Horton's "position in the profession entitles his opinions to all respect and confidence." We certainly hope cures of "consumption" and "bronchitis" will follow the administration of this medicine; but, as there has in past time been many consumption cures proposed, while the disease still continues to commit its ravages, we trust we may be pardoned for just a little scepticism. As it may not be less worthless than other treatment in its influence, we shall certainly give it a trial.

ERGOT AFTER LABOR.

In the *American Medical Times*, for March 2d, Dr. George T. Elliot makes the following remark: "In all cases of labor, excepting in primaparæ, I habitually give ergot after delivery of the placenta as a prophylactic against after-pains, and metritis, a practice which I have upheld for eight years. It seems to me most reasonable, that the firmer the permanent uterine contractions, the less the risks of uterine inflammation from the diminished amount of blood permitted to circulate in the uterus; the absence of decomposing clots and discharge in the cavity of the organ, and the contracted condition of the uterine sinuses, as well through the uterine tissue as near the mucous membrane." We have been in the habit of giving ergot for the same and additional purposes, for the last six years, and were not aware that such treatment was practiced by any one else. We select a slightly different time for giving, than that chosen by Dr. Elliott. We generally give the ergot from fifteen minutes to half an hour *before the termination* of labor. The objects secured are, the after-birth comes away more readily, the flowing is far less, the dangers of post partum hemorrhage are greatly diminished, and the after-pains, by this means, are almost entirely obviated. The time for the first flow of blood, following the expulsion of the child, is, when the separation of the placenta from the uterine walls first commences. Without the aid of ergot, the uterus frequently takes a rest immediately after the child is expelled. If the placenta is now partially detached, or, if during the process of its detachment, the uterine contractions are exceedingly feeble, the hemorrhage may be quite severe. We have never seen subsequent dilatation and post-partum hemorrhage follow, in a case where the contraction was once firm under the influence of ergot. A vast amount of the after-pains and post-parturient suffering, are consequent upon the retention within the uterus of firm clots of blood, which that organ tries to throw off. Many cases of metritis are consequent upon the same retention. From the moment the presenting part escapes from the vulva, we like to see the uterus continue one firm contraction until the placenta is removed. We have certainly never adopted an expedient in practice that has given us such universal satisfaction as this, and not us alone, but our patients. We have often been surprised to see how little blood has been lost under this treatment—often not wetting through one thickness of muslin!—before, it was not unusual to see the blood drip through the bed.

It may be objected to this universal treatment, that labor is a natural process, and that, only in a few exceptional cases, *nature* is competent to *do well* all that she *undertakes.* To this we answer, show us a woman whose ancestors and herself have lived in strict compliance with the *laws and requirements of nature*, and we will show you one that can go through the trials and pains of labor, without the necessity of ergot, and without accident. But such a case is no safe basis for the treatment of those in the pains of maternity, who live such an artificial life as do most of American women.

It would be difficult to continue the systems of practice more completely antagonistical than Thomsonism and veritable Homœopathy. Each is adapted to a different order of mind, and, hence, although the two delusions succeeded each other, the adherents of the one did not transfer their faith to the other. Thomsonism impressed those who were gratified with the idea of reducing medical science, as well as theology and political economy, to principles of common sense, intelligible alike to the unlettered and the learned. That the apostle of this system was an ignorant man, was in its favor. They looked upon the medical profession as an aristocratic body, sustained by legal privileges. Moreover, the demonstrative character or the Thomsonian measures of treatment was suited to persons of this stamp. Homœopathy, on the other hand, secured believers among those who were fond of the mystical. It recommended itself by assuming a kind of transcendental character. It harmonized with certain notions of philosophy, sentiment,

and refinement. The persons attracted toward it, therefore, were not vulgar worshippers of ignorance enshrined as common sense, but the devotees of the mysterious and marvellous under the name of science. To persons thus constituted, the doctrine that medicinal remedies are potential in infinitesimal quantities, recommended itself the more that it conflicted palpably with common sense.—*Dr. Flint's Address.*

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D. }
R. J. LEVIS, M. D. } Editors and Prop's.
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CLINICAL INSTRUCTION.

There is no method of instruction which affords so positive a return for the outlay of labor and time employed as that of the clinic. Nor is there any which enables the medical student to become so thoroughly acquainted with disease in all the various shapes and forms it assumes. The study of books is important; acquaintance with standard authors is necessary. But books treat only of generalities. The descriptions of disease they give are general and not particular. And the practitioner who starts in professional life with the idea that the books will always give him the true diagnosis of the disease he treats, or that the symptoms he finds in his patient will always be found written down in his favorite author, will be assuredly doomed to sad disappointment. The general principles of healthy and diseased action, the significance of certain phenomena, which characterize normal and abnormal conditions of the system, are what he needs most to study, and a thorough knowledge of these will make him most successful in his practice, if he have the judgment and skill properly to apply them. One branch of this knowledge—the former—may be learned perhaps in the books; the other branch can be studied best in the clinic.

As in the department of surgery that surgeon ranks highest who adds to his knowledge of minute anatomy a thorough application of it in the actual performance of surgical operations; so in practical medicine he is the most scientific practitioner who brings to the application of the general principles he has learned from the books, the most thorough clinical experience. If his knowledge of medicine be that obtained from the books only, he merely follows in the pathway marked out for him by others, and which to his utter chagrin and disappointment, will as often lead him astray as guide him aright. Books should be used as helps, as affording hints to guide us in practice, not as guides which we must blindly follow; as forming for us the ground-work on which we may build our own superstructure, and not as the temple itself.

In this view clinical instruction becomes a necessity, which can hardly be overrated, and the bed-side the proper place to study the phenomena of disease. Here it assumes, in a sense, a tangible shape, which we can see, handle, and follow to its lurking place. Here we may witness the triumphs of our noble science, not, in ferretting out and in expelling from the system every disease which may attack it, but in exposing to our mental gaze its insidious beginning, its progress and termination; in enabling us to determine when and where remedies should be applied, and when, as physicians, we can no longer aid nature in restoring the system to health. Here, too, we may pursue our investigations carefully, minutely, thoroughly, mark every varying symptom that may appear, and witness the operation of the remedies prescribed; and here also, by comparison and close observation, errors of diagnosis, as well as of practice, may be corrected.

Where else, save at the clinic, shall this necessary instruction be obtained? The physician in active practice may have many and excellent opportunities for investigation. The fortunes of life may bring under his observation a variety of cases of disease, and the occurrence of death may give him an occasional opportunity to verify or to prove inaccurate his diagnosis. But wearied and jaded out in body and mind, with the embarrassments that inevitably attend the practice of his profession, especially in the country, and the wearisome nights and toilsome days that are appointed to him, how can he bring to such investigation that vigor of intellect, that acuteness of discrimination, and that energy of purpose, so essentially necessary to

render it of value to himself or to his profession. It is impossible. Though he were made of materials equal in endurance to iron, still as "the continual dropping weareth away stones," his thirst for investigation will by and by be quenched in the accumulation of toils he is compelled to endure; the enthusiasm with which he entered upon his professional duties will die away in his weariness and fatigue. Thus it is that many physicians become mere routine practitioners, and find that "much study" is not only "a weariness to the flesh," but also does not convert all it touches into gold. "The cares" of the material "world" afford him but little opportunity for the investigation, or the close observation he may desire.

The daily routine of practice then is not adapted to that minuteness of investigation which is necessary to make the thorough pathologist and therapeutist. In practical life, the teachings of the clinic, may be the *corps de reserve* from which the physician may gather recruits for his energy and toil; the nursery from whence he may gather the fruit in after years. Hence the paramount importance of clinical instruction, and that, too, without the weariness and fatigue incident to the responsities of an extended practice; in the hospital, under the guidance of scientific experience and observation, where none of the conventionalities of society furnish any obstacles to a full, free and thorough investigation of all the phemomena of disease, where all his time, energy, and industry can be devoted to the one great mission of every physician to ameliorate the physical woes and sufferings of our common humanity. And this clinical study should be a prerequisite to his graduation. It should be included in the regular course of study prescribed by our Medical Colleges. To some extent such is the requirement, but it is not made a *sine qua non* of a medical degree. If it were, and strictly enforced, a class of physicians would go forth from the schools fully armed and equipped for the arduous duties of their profession, properly instructed for the great battle with physical infirmities. We should have earnest, living men in our ranks; men that will make their impress upon the world; men, who by the warm, outgushing energies of a living vitality, will stand at the head of every great and noble cause, which has for its object the physical, intellectual, or moral advancement of the race. Such men are needed to-day. Materials are abundant. Let the teachers in our medical schools bring them out.

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EDITORIAL NOTES AND COMMENTS.

Law against Abortion in California.—The law against abortion in California is exceedingly stringent. It declares that the person on whom an abortion is practiced shall be held as guilty as the abortionist. The object of this feature of the law is to relieve the physician of vexatious law suits to which he is sometimes subjected by the attempt of certain wicked females to fasten upon him criminal abortion when he has not even been applied to at all in the matter. A case of this kind is said to have occurred in San Francisco, and illustrates the necessity of the law in that State, even though the cases which may occur under it may be rare. Procuring abortion is justly regarded as a crime of great magnitude, and the laws of all the States, so far as we are informed, inflict upon the perpetrator of it a heavy penalty; and the law is right. Its penalties are none too severe, indeed hardly enough so to prevent its occasional, if not frequent violation.

Increased Rations for the Army.—Among the recent Acts of Congress was one increasing the army rations during the present war, which we take pleasure in commending as eminently appropriate and just. It provides that "twenty-two ounces of bread or flour, or one pound of hard bread may be given out, in place of the present issue; fresh beef instead of salt meat as often as the commanding officer shall require it, and one pound of potatoes per man at least three times a-week, if practicable. Tea may be be substituted for coffee upon requisition of the proper officer. There is also to be allowed in hospitals, under such regulations as the Surgeon-General of the Army, with the approval of the Secretary of War, may prescribe, such quantities of fresh or preserved fruits, milk, or butter, and of eggs, as may be necessary for the proper diet of the sick." This latter measure we regard as of special importance, as affording the necessary change in our army regulations to enable the wants of the sick to be pro-

vided for by Government as they should be, and not left dependent on the charities and sympathies of friends. The former is equally important as a preventive of that terrible scourge of the army, scurvy. In both these points, the Government is moving in the right direction, and its measures will meet the hearty approval of the medical profession. We make no arrogant claim of "influencing the passage of the recent bill" above our cotemporaries in medical journalism, still we think we may, with all due modesty, adopt the language of a cotemporary in a neighboring city, and say "that we thus have tangible evidence that our efforts as journalists, in behalf of humanity, occasionally meet with success."

"*Our Sanitary Commission.*"—Philadelphia is profoundly grateful to "*our* Sanitary Commission" for the appointment of Dr. Wilson Jewell as a member of that board. The selection is an excellent one. Dr. Jewell's experience and education in hygienic science renders him peculiarly well qualified for the position. But "*our* commission" very kindly excuse Dr. Jewell from any active participation in the duties of the board, (making the appointment one of *compliment merely,*) for which, perhaps, Philadelphia should be more profoundly grateful still, as the doctor's services upon the City Board of Health are invaluable and indispensable.

The Medical Times and Gazette mentions the death of Mrs. Brodhurst, in London, by a precisely similar accident with that which destroyed the life of the wife (not the daughter, as the *Gazette* incorrectly has it,) of the poet Longfellow. In commenting on these sad occurrences, the *Times* directs attention to the necessity for rendering the fine fabrics of which ladies' dresses are made, non-inflammable. The most delicate white cambric handkerchiefs, or fleecy gauze, or the finest lace, may, by simply soaking in a weak solution of chloride of zinc, be so protected from blaze, that, if held in the flame of a candle, they may be reduced to tinder without blazing. The dresses of dancers on the stage are protected in that way, but the importance of purchasing only fire-proof dresses is not yet sufficiently impressed upon the attention of our ladies to induce them to regard the precaution. Dr. Odling tells us that the various means for rendering textile fabrics non-inflammable were carefully investigated a short time since by two well-known chemists, Messrs. Versmann and Oppenheim. They showed that linen and cotton goods, dried, after immersion in a solution of tungstate of soda, or sulphate of ammonia, possessed the property of non-inflammability, and that those liquids produced no injurious effect upon the tissue or color of the fabric. The tungstate solution was found most applicable to laundry purposes, on account of its not interfering in any way with the process of ironing. Muslin or linen steeped in a 7 per cent. solution of sulphate of ammonia, or a 20 per cent. solution of tungstate of soda, and then dried, may be held in the flame of a candle or gas lamp without taking fire. That portion of the stuff in contact with the light becomes charred and destroyed, but it does not inflame, and, consequently, the burning state is not communicated to the rest of the material.

We think these suggestions are worthy of note.

The Times and Gazette mentions a curious case illustrating the very slight force required to cause a sharp knife to enter a tense abdomen, through a covering of thin petticoats. Mr. R. A. Westbrook, during an altercation with Mrs. Cathrey at the tea-table, threw a common dinner-knife, which was old and thin, and worn sharp both back and front, across the table, which struck her upon the abdomen, penetrating a thin dress and three petticoats, inflicting a wound which penetrated both layers of the peritoneum and bowels, severed an artery, and caused her death. Mr. Westbrook was held to bail in a charge of manslaughter.

Renunciation of Homœopathy.—Dr. John C. Peters, late editor of the *North American Journal of Homœopathy*, has renounced that system, and declares that he does "not believe or practice according to any one medical dogma or exclusive system." He says "he commenced the study of medicine under the impression and with the fervent hope that Homœopathy, in its future and rational developement, would supply all that was deficient in medicine," but never "has been a convert to the use of infinitesimal doses," "always felt absolutely degraded when making, what I conceived to be, necessary trials with them; that I was doing something foolish or wrong when giving them, and trifling with the lives of my friends and patients to de-

pend upon them in serious attacks, and with their time and comfort in milder attacks, and have been more and more successful, in strict proportion, as I gradually increased upon the very small quantities which I first used, and in proportion as I departed from a slavish adherence to one system of medicine." He says, furthermore, "careful study of the Homœopathic materia medica early convinced me that it was very visionary and unreliable. I labored long and zealously to do my share towards giving it a more practical and common sense shape." The dogma "*similia similibus curantur*," was a great stumbling block to him, and he regards it as "only an apparent and *fragmentary truth*, not a complete exhaustive law;"—"a mere fragment of the greater law of alterative antagonistic action which has been practised upon for ages." Still, he says, "the Homœopathists have discovered some new remedies, and renewed the use of many forgotten old ones, but it is not at all necessary to use them in infinitesimal doses." The defection of so prominent an advocate of that system will go far towards weakening the faith of its followers. Whether the "blow" will be fatal to it remains yet to be seen. Quackery does not die easily.

Ventilation.—We are not about to write a homily on this all-important subject, but design simply to direct the attention of such as are interested in the matter of having pure air for themselves to inhale, and have sufficient sympathy, with common humanity, to desire the hospital ward, and sick chamber also, to be supplied with a free circulation of heaven's pure atmosphere, to a new method of ventilation, proposed by Mr. Cooke, of London, England. Mr. Cooke's apparatus consists of laminæ of wire gauze, which fold up when the window is shut against the top stone, and can be let down to any extent by pulling down the upper frame of the window. By the arrangement of these laminæ, the current of air through the window is promoted, while anything like the draft of an open window is excluded. In like manner, deleterious gases, engendered in close rooms, are speedily and effectually removed. The air is thus drawn fresh from the atmosphere outside, and the impure air inside is displaced and driven out. A constant current is produced, keeping the air in motion, yet not sufficiently so to produce any ill effects. The apparatus is simple, cheap, easily adapted to houses as they exist, and said to be very efficient. For the preservation of fresh air during the night in hospital wards, and in private houses where a contaminating fever case exists, it promises to be especially valuable; and yet there is one objection to it which may not be easily overcome. The experiments of Sir Humphrey Davy, and his application of wire gauze to the miner's safety lamp, show that air must strike gauze of moderate apertures with a certain velocity, in order to pass through. If this be the mechanical fact, it might happen that, in certain conditions of the atmosphere, the apparatus might operate in the same manner as a closed window, and confine the air instead of removing it. On this point, the experiments with the apparatus have not been sufficient to determine how far it will answer in calm weather; still the principle upon which the apparatus is constructed—namely, that of drawing fresh air directly from the external atmosphere, and by filtering it through the fine openings of a gauze blind prevent an injurious draft—is one of which we highly approve, and have no doubt it will commend itself to all interested in the matter of ventilation.

Is Dentition a Disease?—Looking over a weekly report of mortality in a certain city a few days since, we noted among the "diseases" which had caused the death of sundry children "Teething." An addition to our nomenclature, thought we. A new idea broached by some wise man, perhaps. But in what author is it described? What is its etiology, its diagnosis and prognosis, its pathology? Rather, is it a disease at all? Is it not an "old woman's whim," a name which, to our shame, we have allowed ourselves to use, as a concession to that somewhat pugnacious class of community?

We have always supposed dentition or "teething" to be a normal physiological process; a process by which nature prepares the system of the infant for the change its growing wants demand; for the mastication of its food when its maternal supply is cut off. True, irregularity and derangement of the digestive organs and nervous system may and do arise in its progress. Diarrhœa and vomiting, severe and persistent, are almost invariably attendant upon it. Convulsions sometimes occur. How many of these little innocent beings are allowed to suffer for weeks under this complication of difficulties—which are the *real disease*—even until their emaciated forms, sunken eyes, and

wrinkled skin indicate that vitality is nearly exhausted, under the idea that "its only teething," "teething will have its run," "some children get teeth easy, and some hard," "must have diarrhœa and vomiting," "'twont do to stop em," "'twould strike to the head," "*its only teething.*" Physicians sometimes fall in with the notion, and thus thousands of children are no doubt consigned to an early grave every year, literally *sacrificed* because "*its only teething.*" The idea is absurd, to use no term denoting criminality, and, in our opinion, that physician is hardly fulfilling his mission of mercy to humanity, if he suffers himself to be influenced by it in his prescriptions. If a child have inflammation of the lungs, or of the brain, the physician treats them with appropriate remedies. So, also, when that condition of the stomach and digestive organs exist, which results in vomiting and diarrhœa, he should, in like manner. exercise his skill and judgment in arresting them. Relieve the tension of the gums if need be. Treat properly the derangements which actually exist, and "teething," as a "disease," will soon be known among "old women" and not among physicians or boards of health.

NEWS AND MISCELLANY.

The Attention of the Board of Health is at length awakened to the sanitary condition of our city, and their report embodies some facts which the committee consider to be a "sad comment upon the efficiency of our public system of street cleaning, as now practiced, and calling loudly for reform. Many of these streets and gutters were reeking with filth, and were among the worst nuisances, looking as if they had not seen either clear water or the brush and scraper for months." In their official visit they found "numerous cellar residences scarcely fit for the brute creation to harbor in." Measures were ordered to be immediately taken to remove these "nuisances prejudicial to public health" by "cleansing and closing up, or otherwise," by the owners themselves, or if not, by the Health Officer. A vigorous prosecution of these measures is imperatively demanded.

The number of deaths reported in New York for the week ending August 17, is 698, an increase of 113 over the week previous. Of this number 469 were children, and 392 were under two years of age.

The number of deaths in Philadelphia for the same period of time was 377, a *decrease* of 51 from the week ending August 10. Of these 261 were children, and 132 were under one year.

Appointment of Brigade Surgeons.—The following gentlemen have been appointed by the United States Government Brigade Surgeons, from the State of Massachusetts, viz:—Dr. G. H. Lyman, of the State Medical Commission; Dr. Luther V. Bell, Surgeon of the Massachusetts Eleventh; Dr. Peter Pineo, of the Ninth; Dr. Henry Bryant, of the Twentieth; and Dr. O. Martin, of the Third Battalion of Rifles.

Dr. Carrington, a medical director in the Confederate army under Gen. Garnett, in southwestern Virginia, was taken prisoner at the defeat of that officer, and is now at Beverly, Va.

Surgeons Ball, Griswold, Harris, Homiston, McLitchie, Stewart, Swalm, and Powell, are still prisoners at Richmond, Va, not having signed the parole of honor.

Military Hospital in Cincinnati.—A Military Hospital is in successful operation in Cincinnati, under the charge of Dr. W. H. Mussey, assisted by Drs. John A. Murphy and Charles L. Avery. More than 120 patients have been received and treated—only two of whom have died. Some 60 patients are at present under treatment. The hospital has been supported by the voluntary efforts of the citizens; but it is supposed that the Government will take it under its charge.

Dr. A. B. Shipman, of the medical staff of the Seventeenth Regiment New York volunteers, writes to the *Times* under date Fort Ellsworth, Va., August 5:

"With regard to the sanitary condition of our army on the Potomac, up to this time, it is extremely favorable. The summer, up to the first week in August, has been cool, and attended with seasonable showers of rain. No long or protracted droughts or rain storms have occurred to render the weather of an unfavorable influence on the army. Diarrhœa of a simple form has been the most prevalent disease. Next to this, fevers, of a simple miasmatic character, yielding readily to quinine. Colds, coughs, and mild rheumatic attacks, from exposure to wet and cold; carelessness in lying out of doors instead of a tent, as many soldiers do, will account for all this.

"The colds and coughs rarely terminate in pneumonia, nor does the rheumatism often become acute. In enlisting men on so short a notice it is not surprising that a great number of men who are totally unfit for field service should have been enlisted, and by mustering in the United States service many will get into the army totally unfit for soldiers. The medical inspector looks at their legs, groins, and the general physical condition of the volunteer. But it is not to be expected that in half an hour's time devoted to seventy men the inspection will be very complete, and many defects are overlooked. Granting that the volunteer has none of the defects that disqualify him, such as varicose veins, hernia, tuberculosis, &c., he may

have that about him that is worse than these. He may be lazy, dirty, indolent, inefficient, and morally unfit for the duties of a soldier. If the service requires him to do a certain amount of guard or picket duty he is sure to be on the sick list, and the surgeon, who is humane and sympathetic, will excuse him."

At Camp Massasoit, Readville, near Boston, is one of the schools of military instruction authorized by the State of Massachusetts. Dr. Dale, Surgeon General, lately visited the 20th regiment there, and found the medical department so well arranged that it is said he intends referring surgeons of other regiments to it as a model hospital. The regiment is under the command of Col. W. Raymond Lee; Dr. Henry Bryant, of Boston, is Surgeon, and Dr. Nathan Hayward, of Roxbury, Assistant Surgeon. The hospital is secluded, well ventilated and lighted, with comfortable couches, and the best of nursing. The health of the regiment is excellent, and this is doubtless in great part owning to the good management of the culinary department. Through the long range of kitchens, neatness and order are everywhere apparent. The principles of house-keeping are taught the soldiers, who are required every morning to air their bedding and sweep out their tents, and to strike the latter every third day.—*Boston Med. and Surg. Journal.*

Keroselene.—Dr. E. Cutter, of Woburn, relates briefly, in the New York *Medical Times*, the effects of the new anæsthetic, keroselene, in some experiments with it upon himself and several other members of the Middlesex East District Medical Society. They came under its influence immediately, he says, and also recovered from it well. In his own case, he remained under its influence half an hour, and in one trial insensibility was complete. It has also been used externally by Dr. Ingalls, in neuralgia.

Mr. Randall Mackley, Surgeon at Great Horton, near Bradford, England, has been accused of making a false certificate of the death of his house-keeper, and, on investigation, the jury of inquest returned a verdict of willful murder against him, he having, as is supposed, caused her death by procuring abortion.

MARRIED.

Jackson—Wilson.—On the 4th instant, by the Rev. J. Peters, Geo. W. Jackson, M. D., Assistant Surgeon Twenty-ninth Regiment, P. V., to Miss Margaretta Wilson, only daughter of Mrs. Catharine Wilson, all of this city.

Bryant—Damon.—In Wayland, Mass., July 26th, Dr. A. H. Bryant, of Natick, to Miss Abbie S. Damon, of Wayland.

Stille—Smith.—On the 20th inst., by the Rev. C. W. Shields, A. Owen Stille, M. D., to Maria King, daughter of William H. Smith, all of this city.

DIED.

Paddleford.—At Capon Springs, Va., on the 28th ult. of dysentery, Dr. Geo. P. Paddleford, son of Edward Paddleford, Esq., of Savannah, Ga.

To Correspondents.

B. J.—The pay of *Hospital Stewards* is twenty-two dollars a month. They have usually been appointed from among the privates. Medical students would, we suppose, be preferred, if they offered themselves for the position.

W. S.—Address Dr. R. A. Given, Clifton Hall Insane Asylum, Kellyville, Delaware county, Pennsylvania. The institution is in an elegant and healthy location, and under efficient medical direction. Retirement and comfort can be insured.

M. M.—The surgical instruments for the Army Medical Department of this State have been made by Mr. Kolbé. This fact is sufficient guarantee of their excellence.

J. E. D.—The influence of Santonin on vision has been frequently noticed, but the manner in which it acts is not understood. Green vision is most frequently produced, but we have in several instances known red and yellow vision to follow its administration. It colors the urine a bright yellow. No toxicological properties are ascribed to it.

B. W.—The price of McLeod's work on Military Surgery is $3,25; Bauden's, $1,00; Guthrie's, $4,65; Hennen's, $5,00; Gross's, 50 cents; Tripler and Blackman's, $1,00; Hamilton's $2,00.

Dr. D. M., Philada.—The examinations at Washington are for the regular army; those at Harrisburg are for the Volunteer Regiments. Some States have what is called a Medical Board, This State has a Medical Department, of which Dr. Henry H. Smith, of this city, is Surgeon General.

☞ In looking over our stock of Reporter's on hand, we find a surplus of some numbers, of which some of our collaborators may desire to possess the copies containing their communications. Any such who will send us their address, enclosing one dollar, shall be supplied with such number of copies as will satisfy them. First sent first served. tf.

Communications Received.

Connecticut—Dr H. E. Cook, with encl.; Dr. H. Burritt, Drs. N. M. Tribou, S. E. Maynard, each with encl. *Illinois*—Dr. A. S. Barr, with encl. *Iowa*—Dr. G. M. Staples. *Maryland*—J. W. P. Bates. *Massachusetts*—Per J. G. White: Drs. W. R. Newill, John Flint, C. S. Street, C. F. Winslow, H. F. Aten, E. P. Burgis, Joel Levens, H. Gore, Daniel Choate, C. H. Quimby, J. Wallace, B. C. Perry, E. W. Sanford, O. S. Sanders, W. S. H. Hoffendale, Joseph Paine, R. S. Warren, Jarvis Levis, Fayette Jewet, A. R. C. Kitteridge, P. D. Walch, C. H. Hildrick, Isaac Smith, Joseph Garland, O. D. Albert, A. Wallace, D. D. Geyer, D. Kennedy, W. T. Campbell, S. McFarland, W. Allen, each with encl.; Dr. J. C. Dorr, Dr. Sullivan, Drs. Arial Cummings, S. M. Cate, B. F. Campbell, M. A. Fuller, each with encl.; Dr. O. H. Flagg, Dr. C. H. Spring, Dr. O. Sanders. *Michigan*—Per John Hulme: Drs. Davis Henderson, J. W. Kermott, E. Wells, Isaac Lovejoy, Wm. Lewitt, Bernhard Hesse, D. A. Post, C. F. Ashley, H. McAndrew. *New Jersey*—Drs. A. E. Budd, H. E. Granniss, Dr. J. Sheppard, with encl. *New York*—Dr. G. R. McKay, Messrs. Tilden & Co., Dr. S. D. Willard, Dr. Elsberg, Dr. O. C. Gibbs. *Ohio*—Drs. J. H. Beard, McKim and Ashley. *Pennsylvania*—Drs. John Ream, Wm. H. White, A. Lippincott, each with encl.; Dr. Ch. Walker, with encl. *Vermont*—Per H. B. Cross, Dr. L. H. Thomas, G. P. Conn, W. R. Hutchinson, J. H. Hamilton, S. T. Fuller, H. A. Parker, F. A. Cutler, each with encl. *Canada, West*—Per John Hulme: Drs. Wm. Woodruff, Andrew McKenzie, Alfred K. Dewson, each with encl.

Office Payments—Per Swaine: Dr. C. J. Smith.

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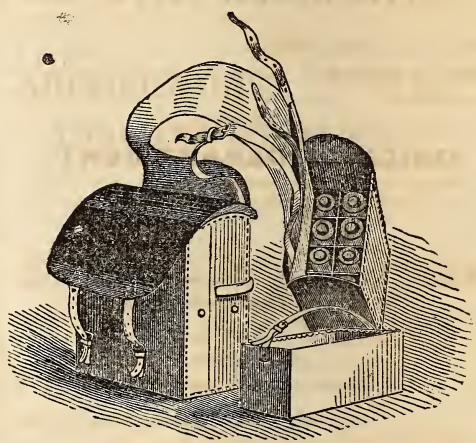

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 254. PHILADELPHIA, AUGUST 31, 1861. NEW SERIES, VOL. VI. NO. 22.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.,
Of New York.

(*Continued from page* 441.)

IN CHEMISTRY.

Though Priestly, to the last, maintained the unity of water, as an element in itself, indivisible and pure; and wrote for years with ability and vigor; this his pet theory was abandoned by his followers, when Sir Humphrey Davy, with originality of conception and persevering industry—not content with reaping immortality from his useful and magical Safety Lamp—entered the field of investigation, and, with electricity as his ably ally, separated what had been wedded for centuries. Placing the + positive hydrogen at one pole, and — negative oxygen at the other, he thereby not only proved to the entire satisfaction of his cotemporaries the existence of two distinct gases, but the presence of that subtile fluid which is ubiqitous and ever ready to respond to the call of a truly scientific mind. To touch generally and with only a specific purpose upon the vast importance of water in the laboratory, it is only necessary to mention the fact that no utensil could be used twice with safety, as to chemical analysis or analytical precision, did there not exist a fluid which could be employed for the purpose of *thoroughly* cleansing all apparatus after being soiled, thereby freeing them from surrounding contamination and partial disorganization. No one can deny the prominent part borne by water in the mysterious agency of the Voltaic pile. The electro-chemical battery, be it of Bunsen make; after the thoughtfulness of a Grove; the suggestions of a Wollaston, or the later investigations of Prof. Daniell, would soon wear itself away by too great an ambition, and the excess of "action"—local or otherwise—if water were not employed to dilute the acids and restrain the consumption of valuable material. This may seem trivial, but to the cogitator of simple certitudes, it is an indispensable fact that cannot be controverted. Men of the grasp of mind and vast calibre of Faraday and Berzelius, Hare and Humboldt, willingly testify to the immense, almost incalculable benefit to be derived from the "pneumatic trough." And, I would ask, what other accommodating liquid would permit, with the same amount of freedom and *good-will*, the passage of gases into jars through its medium, and demand so little outlay, while bestowing such countless additions on the world of theories and stubborn facts?

Electro-gilding, etc., would now deprive Elkington and Murray of what is justly theirs, were water absent on their days of labor. The experiments and practical results of Jacobi and Spencer, Smee and Becquerel, would prove of no avail, did this all-powerful friend cease his vocation, and leave them to themselves. It is positively necessary to remove from the field of science water—then reflect—and what a stand still would be produced at the absence of this "*common* servant." Chemical action and electrical results would be diminished to a far greater extent than at first sight would seem to be the case. It restrains too great waste; lessons the intensity and rapidity of sparks at times, and is also, when needed, or at the call of nature's fiat, an excellent conductor, as is readily perceived by the injury produced upon the telegraph during the raging storm and watery conflict of the elements?

Were it only as a guardian watching over the secret movements and tortuous glidings of its direst foe—Fire!—were it only, I repeat, to keep within the limits of propriety, the progress of the remorseless flame, should

we not experience the most grateful emotions for so wise a gift from Heaven, so beneficial a ruler?

Most of the mechanical solutions are through its direct agency, acids acting with chemical affinity, and changing the substance submerged beneath their placid surface, while water, as a safeguard, only retains intact what has been placed in its charge and gives forth again, with all its pristine excellence, what was committed to its care.

Few, who are not called upon in life to test their merits, can fully appreciate the utility of hydrometers in practical life. Experience can, alone, testify their worth. The discovery of the composition of water by Cavendish, in 1781, has been disputed by some, who assert that before that time James Watt brought forward a similar theory, and urged its merits. Be that as it may, this protoxide of *Hydrogen consists of one atom of †oxygen and one of hydrogen, with a difference of weight as one to eight; of volume, of one to two.‡ Experiments with the eudiometer are exceedingly interesting, and carry conviction with them.

According to the analysis of Dr. Schweitzer, § of Brighton, in 100 grains of water, taken from the British channel, the following was the result:—

Water,	964,745
Chloride of sodium,	27,059
" " potassium,	0,766
" " magnesium,	3,666
Bromide of magnesia,	0,029
Sulphate of magnesia,	2,296
Sulphate of lime,	1,406
Carbonate of lime,	0,333
Traces of iodine and ammoniacal salts.	
	1,000,000

The specific gravity was ascertained to be 1.0274 at 60°. (15.5c.)

This is the result of testing sea-water, which is necessarily acted upon by the influence of ice or vicinity of rivers, which materially affect its density.‖

The chemist and medical practitioner can appreciate the important advantages to be obtained from the judicious use of hydrates in their respective branches of study. The "water of crystallization" teaches the mathematician some of the curious results of geometrical precision in its figure. The ultra-marine tint of the boundless sea, more beautifully perceptible in Switzerland and in the neighborhood of the Alps, is suggestive in purity and surpassing in significance. The rainbow hues and unequalled splendor of the "North," as represented by a truthful and inspired artist,* are only to be met, in comparison, by the variegated clouds themselves—water, in mist—as sunset reveals their latent charms and reflective power. Chemistry unfolds exact truths in the composition and utility of water, and metes out its vast advantages. It is my purpose only to pass over with pensive allusions the results of labors that have called forth to work such men as Dr. Baumert and Prof. Dalton, our adopted Draper, and the learned Hare, only *spiritually* ignorant. Even as heat may be evolved by rubbing two pieces of ice, in vacuo at 32°, so the attrition of the world brings forth warm-hearted deeds from stony-souled men.

To follow out the views of Laplace and Lavoisier, Magnus and Borda, relative to the expansibility of solids, would only be to corroborate the opinions of Rater, Dulong, and Petit. It will be sufficient, for the present, to take the table below as a fair estimate of the relative capabilities of fluids.

†Apparent dilutation in glass between 32° (0°c.) x. q. 12° (100°c.)

Water,	$\frac{1}{22}$
Hydrochloric acid, sp. gr. 1.137,	$\frac{1}{27}$
Nitric acid, sp. gr. 1.4,	$\frac{1}{9}$
Sulphuric acid, sp. gr. 1.85,	$\frac{1}{17}$
Ether,	$\frac{1}{14}$
Olive oil,	$\frac{1}{12}$
Alcohol,	$\frac{1}{9}$
Mercury,	$\frac{1}{64}$

No one can dispute the necessity of a thermometer! The majority of intelligent human beings are sufficiently well acquainted with the part occupied by boiling water and ice in aiding Fahrenheit, many, many years after Sanctorio employed his vapor test, also indebted to water for assistance. Even in the different preparations of calcium how rare, comparatively speaking, is the *anhydrous* sulphate of lime to be met with! Could "scagliola" and stucco be employed or even manufactured without the aid of water? Of what possible utility would be the suggestions of Dr. Ritterband and Prof. Clark, with reference to the carbonate of lime

* A *Binoxide* was discovered by M. Thenard in 1818.
† M. Dumas' investigations.
‡ Ann. Chim. et Phys. xv. 336.
§ Phil. Mag. July 1839.
‖ See the views of George Fownes, F.R.S.

* Church's Icebergs.
† Péclets Elémens de Physique.

and marble, calcsinster or travertin, and the process of overcoming obstacles, while reducing strange realities to particular common sense, were it not for the agency of water?

Though Dr. Baumert asserts that a teroxide of hydrogen exists, Dr. Andrews maintains with equal vigor, that it is merely active oxygen. Recent students of chemistry are greatly indebted to the personal exertions of Baron Liebig for many instructive precepts of weighty influence and suggestive purport. To him many of the aphorisms of learned times, relative to the tension of the vapor of water are justly attributed. Whether we study the tables of speficic gravity* as published by Baumé, in connection with the experiments of the hydrometer, or employ the views of Cartier, Sike, and Twaddell; whether we enter into the composition of "yttro-tantalite," found in Sweden and Finland, or seek to follow out the deductions of Virchow relative to the blue pigment, in crystals, which he discovered in unhealthy urine; whether we analyze the constituent parts of Triethylphosphine, and peruse the works of such as Frankland, Cahours, and Hoffmann, regarding the subject of phosphorous bases, the same connection will ever be pre-eminent in our minds that water will have a representative in their formation, solution, or detection; that either hydrogen or oxygen will send some of their family to influence their constituents, and that one of their compounds or associates must and will be present.

In vinous fermentation the spirit that is at first obtained from the distillation of fermented, saccharine liquids, is diluted by great quantities of water. Volatile and essential oils, such as those obtained from the pimpinella, anisum, bergamot, cubebs, juniper, elemi, the East Indian grass-oil, and the laurel-oil of Guiana, hydro-carbons in their characteristics, and isomeric, with those of turpentine, and lemons, are principally obtained by distilling the plant with water.

Ruthenium,† which defies the action of even aqua regia, furnishes a *hydrate* of blackish brown in its nature, and soluble in acids with orange-yellow color, which, when better known, will furnish much that is useful in art and science. Experiments with the water hammar, unfold new wonders in the laws of sound, when acted upon by agents in vacuo. Though trichlorovaleric acid, (C_{10} (H^6 Cl^3) O^3, H_2O,) cannot be distilled without decomposition, if put into water it becomes a "third fluid hydrate." The views of Kolbe and Wurtz, relative to amylic alcohol and its derivatives, abound in experiments with ice, boiling water, and steam. Zirconium, whose properties have been rendered so fascinating by the astute Swanberg, is obtained by heating its double fluoride and potassium with potassium, and then removing the salt by *cold water*. The indefatigable Kopp, after the most minute and careful application, declares it as his opinion that the point of greatest density of water is 39° 34, (4° 08C,) a statement which the beautiful illustrations of Dr. Hope corroborate to the fullest extent. There does not exist a substance in the range of a scientific investigation, that approaches water in its vast assistance in the experiments made in all countries respecting the laws of heat and their variation. Whether it be iron shells filled with water and permitted to freeze; a thermometer tube filled with water and allowed to cool; the latent heat of a variety of chosen tests*; specific gravity, as applied to chemistry; the maximum density of vapors, dependent on the temperature; the liquifaction of permanent gases†; specific heat, at equal pressure, enlarged upon by Count Rumford, and discussed by Delaroche, Berard, and Dulong; or the change of state, as seen in crystalization—one and all would prove of no avail were water negligent in its apportioned task of leading on the philosophic meditator, and rendering the task of new discovery a simple fact that needs but to be chained within the limits of a natural law. In diathermancy, or the transmission of heat, the busy minds of Melloni‡, Oersted, of Copenhagen, and Seebeck, of Berlin, were forced to include in their valuable tables of reference by the side of plate-glass, rock-salt and berge, "*Ice*, pure and transparent!"

Students of the past accord to Newton originality of conception in the undiscovered field of *light* and color. Do they sufficiently acknowledge their obligations to the refractive properties and simplicity of elucidation as exhibited by the accommodating Bubble, so often blown and studied by that master intellect? If not, reflect on its wonderful aid; call to mind its diversity of power and unsurpassed

*See the Handwörterbuch der Chemie of Liebig and Poggendorff.

†Described by M. Claus.

*The works of M. De la Provostaye and Regnault.

†See views of Sir Isambard Brunel and M. Thilorier.

‡Annales de chemie et de Physique and Dr. Forbes.

beauty; meditate on the years lost to science had water failed again, and surrender to it what is justly due!

In the list of refractive substances, we find together with the diamond, tabasheer and the bisulphate of carbon, ICE and *water*. Though Newton, Brewster, and Stoke, aided by the prism, broke up the unity of light, and, at its bursting, found the magic VIBGYOR! above, where common people look for sympathy and guidance, in the cloudy firmament, the *rainbow* does reveal as beautiful creations and as fresh and luscious tints! To Wedgwood are we beholden for much information in the branch of early photography,* and in the art of "light-painting." Fox Talbot, (1839,) wrote fully to the satisfaction† of well-educated perusers. Nichol's prism is recommended by many versed in studies of this nature:

Herschel proves that various means may be employed in photographing objects with precision and their proper shadows; the thoughts of Drs. Dormé and Berres are worthy criticism, and the satisfactory results of M. Fizeau's experiments call forth admiration from the generous mind;‡ with this vast array of evidence, I still assert that had the persevering Daguerre been deprived of *iodine* whose native birth-place is the *Sea!*§ fac-similes would have been reduced to the old fashioned portrait painting too expensive for modern popular æsthetics, and thousands would have lived with no link of past with present—"absent by our side!"

To glance over the theory of Ampère, and carefully examine the superior apparatus of Prof. de la Rive, as applied to electro-dynamic forces; we cannot but be struck with the field of inquiry of magneto-electricity, and the numerous efforts of Dr. Neef, in 1830, for the purpose of breaking off the current and simplifying an otherwise complicated construction. Grove was indebted to "Ruhmkorff's coil" for facility in effecting the decomposition of water by other means than those employed by the energetic Wollaston.

In making bread, with or without yeast; cooking food; testing for poisons, or discovering some new element, water has *always* formed an important part; become the most indispensable of instruments, and caused the least trouble while being employed. It was only by distilling tolu-balsam with water, that M. Frémy caused it to yield three products, namely: benzoic acid, cinnamein and *tolene!* Turn where you will for information; peruse the works of Mitscherlich; consult the pages of Phillip's Mineralogy, or follow carefully the elaborate theories of Wöhler and Fordos, Gelis, and Wackenroder, and it will be found that one and all depend more, as a general rule, on water than upon any one other substance for efficiency. It is *rust* that iron fears! and noxious gases and acids, held in solution by the vapor of the air, do more injury to the metals in existence and the furniture of an establishment than one would at first admit, or readily assent to as an incontrovertible fact.

The subject of chemistry is too vast to enter more minutely into a consideration of its merits. Enough, however, has been said to convince the man of parts, and one open to conviction that hydrogen and oxygen, and their compounds, form the basis of chemistry and the source of knowledge in that branch of science.

To be Continued.

* Journal of the Royal Institution, (1802.)

† Phil. Trans., 1840.

‡ The lithographic suggestions of M. Niepce are excellent.

§ First discovered by M. Courtois of Paris, 1812.

The Liver: its Condition in Pulmonary Tuberculosis.

By A. P. DUTCHER, M.D.,
Of Enon Valley, Lawrence County, Pa.

PART FIRST.

There are few organs which suffer more during the progress of pulmonary tuberculosis than the liver. These derangements sometimes exist at the beginning, and constitute annoying complications until the end. This is especially the case in persons of a highly bilious temperament. Here its functions will often become deranged for some time before even the tubercular disease manifests itself by either a suppression or augmentation of its secretion. When either of these conditions occur, they will always constitute a prominent feature throughout all the succeeding stages of the pulmonary disorder. When the liver takes on increased action, large quantities of bile will frequently be secreted, and, being discharged into the stomach and bowels, produce nausea, vomiting, and purging, which, if not promptly arrested, exhaust the patient's strength with great rapidity, and very greatly adds to the fatal tendency of the malady.

I have known several cases of phthisis to be very abruptly terminated in this way. It is not

more than a year since I attended a case of this kind. The patient was a young man, aged eighteen, of a marked bilious temperament. From the very commencement of his illness, he had occasional attacks of vomiting and purging bilious matter. During these paroxysms, he would have all the various symptoms that are present in a severe attack of cholera morbus. The collapse was always very extreme, and it was with the greatest difficulty that reaction could be produced at all. He died in one of these paroxysms before the tubercular disease had progressed to the third stage.

As to the precise lesions upon which this morbid activity of the liver depends, writers are not agreed. Some suppose that it is produced by tubercular deposits in the liver; but this is not very evident, for tubercular disease of the liver in the adult is a very uncommon occurrence. Mr. Cruveilhier states that, among the numerous cases of phthisis which he has had occasion to examine, he never met with tubercles in the liver. M. Andral's and Dr. Carswell's testimony is to the same purport. M. Lanis, in his work on Phthisis, says that in two cases only had he observed a greater or smaller quantity of tuberculous matter in the liver.

Others have attempted to account for it on the supposition of a vicarious connection between the liver and the lungs. They tell us that, in consequence of the function of the lungs being impeded by tubercular deposits, and the various engorgements which necessarily attend them, the blood cannot part with all its carbon, and therefore it must seek some other channel for its elimination; and the liver is that medium. Hence the biliary secretion is increased, and, when it becomes morbidly so, it produces the flux in question.

Perhaps this explanation will do in the absence of a better one. To our view, it seems very probable that a morbid activity of the liver may be produced by an altered or abnormal condition of the blood, and thus cause a superabundance of its secretion. Accordingly we find that, as the tubercular cachexy becomes more fully developed, and the pulmonary organs more deeply involved in the disease, there appears to be a reciprocal action between them and the hepatic secretion, and, as the malady increases, the liver will take on increased morbid action; and, therefore, at the advanced stage of pulmonary tuberculosis, when the blood is very much deteriorated in quality, we sometimes have more or less marked symptoms of hepatic derangement.

But sometimes the liver, instead of being morbidly active in this disease, will be torpid, and the biliary secretion, in a great measure, suppressed. This may be produced in several ways; it may occur from the want of nervous innervation, from an absence of the biliary principle in the blood, and from structural disease of the minute vessels which elaborate the bile. In the disease which we are contemplating, we think its suppression is generally owing to the absence of the biliary principle in the blood, and, under such circumstances, its suppression is of little moment. Some practitioners, therefore, greatly err in their treatment of cases of this kind when they give much mercury, with a view of stimulating the liver to greater activity, that its secretions may be more abundant. These have ceased for the want of food. Supply that and all will be right.

PART SECOND.

The chief lesion of the liver, however, under pulmonary tuberculosis, is *fatty degeneration*. This is present in about forty cases in one hundred. When we examine a liver of this kind, we find that it exhibits a pretty uniform and highly characteristic appearance. Its color is pale yellow, figured irregularly with brownish or deep-oranged spots. Internally, it is found to present an appearance somewhat corresponding to that of the exterior, excepting that the pale-yellow tissues are much more uniformly distributed throughout the entire substance of the organ than they are upon its surface. It is sometimes softer, and more readily crushed between the fingers than in health. But this is not always the case; in some instances it has been found much harder than in the normal state.

The presence of the fatty matter is manifested by the unctuous feel it communicates to the fingers, by the greasing of the knife with which it is divided, by the stain it imparts to bibulous paper, on which it is pressed, and the manner in which such paper burns, as well as by the exudation of oil, when a portion of its substance is exposed to a dry heat.

When a portion of fatty liver is examined by the microscope, the hepatic cells are found to be engorged with oil. Sometimes a quantity of yellow matter is also seen in the cell cavity, together with oil, but this is frequently absent. The nucleus disappears as in cells that have ful-

filled their work of secretion; but the envelope persists, and is sometimes thickened and stirated. The microscope proves very conclusively that there are progressive changes in the gradual increase of the fatty particle. Thus some cells appear quite healthy; others deviate from health only in containing two or three shining, black-bordered oil particles; in others, these are increased, and a large part of the cell-cavity is filled with minute oil particles, or with one or more large oil-drops; and in others, the cluster of oil-drops have given place to a single drop. In this last case degeneration is complete.

When the liver has undergone this change, these fatty transformations are generally confined to the lobules, and are always most advanced there. Sometimes, however, it is found to commence in the centre of the lobules. The pale condition of the liver is supposed to depend on the enlargement of the cells, which are pressed close together, and thus constrict the capillaries and allow less blood to be confined in them. But it should be remembered that there is no obstruction to the flow of blood—such as we find in some other lesions of the liver; the soft state of the oil-laden parenchyma sufficiently accounts for this.

Various opinions have been entertained by pathological writers in relation to the cause of this condition of the liver. Some have supposed that it is produced by an undue quantity of oily matter in the blood, in proportion to the assimilative powers; others, as the consequence of hepatitis; while a third class consider it the result of chronic gastro-enteritis. The majority favor the first theory, and I am of the opinion that it is the true one. Phthisis consists pre-eminently in a want of assimilation, and as this lesion of the liver is rarely met with in any other affection, the conclusion is obvious.

"Very probably," says Vogel, "in all cases where fat is produced, not only the cytoblastema, but also the blood from which it is derived, is more than usually abundant in fat. We often, indeed, meet with fat occurring in fat globules and granules in many amorphous blastemata; the fat remains, while the rest of the blastema disappears, either by absorption or organization, and in this manner those pathological collections of fat are formed, which we find in a crystalized state."*

One of the most singular peculiarities connected with this condition of the liver, is the fact that the bile is not materially altered from its healthy state. The following table, from Frerich's, is a very fair exhibit of the bile in health, and in fatty liver.

	Health.	Fatty liver.
Water, - - -	84.77	91.00
Solid constituents, -	15.03	9.00
Bilate of soda, - -	8.32	9.94
Mucous, protein compounds and salts, -	6.46	2.97
Fat, - - - -	0.25	0.09

It will, therefore, be seen that there is not much difference in its chemical constituents; indeed, not enough to make its analysis a matter of importance in a practical point of view.

As far as my observation extends, I am not acquainted with any special symptoms which mark the existence of this state of the liver during life. There is no pain in the right hypochondrium, or soreness on pressure; the evacuations from the bowels generally look natural, and digestion is generally well performed. The only circumstance that might lead us to suspect this lesion, is the sensible enlargement of the liver; but this is by no means certain, for it is frequently enlarged from other causes.

PART THIRD.

Abscesses of the liver are sometimes an attendant of pulmonary tuberculosis. The records of pathology abound in instances of this kind. The following account of a case given by Dr. Mitchell, in the proceeding of the Pathological Society of Philadelphia, May 9, 1860, and reported in the January No. of the American *Journal of the Medical Sciences* for 1861, will serve as a good specimen of many that could be cited.

Mr. S. S., proof-reader and agent, æt. thirty-seven, was born in Philadelphia, but had lived in the West many years. About two years ago, he had a cough of several months' duration, and once spit a little blood. In October, 1859, Mr. S., then residing in Nashville, was attacked with general feebleness and depression of spirits, with pain in the bones and frequent flashes of heat, the feelings of which are usually described as "a cold." During the fall and winter, he lost flesh and color. A trifling cough now pursued him, and now and then a return of the general symptoms above described.

"About the beginning of March, Mr. S. was suddenly seized with fever, and violent pain under the nape of the neck, and under the

* Vogel's Pathological Anatomy, page 172.

right shoulder-blade. After some domestic treatment, a physician was called in. He readily diagnosed the case as one of acute hepatitis, and treated it accordingly. Mr. S. was about in three weeks, but had a relapse owing to imprudence. In the second attack he had more pain in the region of the liver, and less in the back. He so far gained as to be able to travel to New York, which he reached about June 13. On his way from that place to Connecticut, his hacking cough, which had hitherto been of a trifling moment, increased suddenly, so that within twenty-four hours he expectorated at least three-fourths of a pint to a pint of pus daily.

"Mr. S. was astonished, but continued his journey, presuming that his new symptoms were due to bronchitis from sudden exposure. He went to the North, as I have said, still continuing to cast off from half a pint to a pint of pus daily. Returning southward, he reached Philadelphia on July 13, 1860. On July 23, Mr. S. sent for me. He told me his history, and especially insisted upon the fact of his constant exposure to the exhalations from a large drain and water-closet which were close to his office in Nashville.

"Mr. S. was spare, and a little sallow, but not jaundiced. He was well able to go up and down stairs without aid. His tongue was clean, his appetite excellent, his digestive powers un impaired, and there neither was nor had been any vomiting. The cough was intermitting, being very violent, and attended with profuse expectoration of bloody pus for some hours, and then ceasing, only to be renewed again within a day, or even a less time.

"The abdomen was enlarged on the right side by the swollen liver, which extended below the umbilicus, and across the epigastric space. There was little or no rigidity of the rectus muscle, but, there was a painful spot at the upper line of the right iliac fossa. Above the liver dullness was continuous, with a flat-sounding region of the lung. This involved a third of the lung in front, and curved upward on the side and back, so as to reach the scapula spine. At the lower point of the shoulder-blade there were the usual indications of a cavity. Moist rales were heard only in the right chest at first, but, at a later period, were also audible in the other lung, though to a less amount. We could detect no evidence of tubercle, but from the history of other cases, we conjectured its existence."

The patient soon became exhausted, and died on the 29th of August, 1860. The following is a description of the *post mortem* by Dr. Kane, who examined the body twenty-four hours after death:

"The body had been kept in ice; was perfectly rigid, and much emaciated; the anterior portion of the thorax was perfectly clear and resonant, under percussion, as low down as the superior margin of the sixth rib; from that point to nearly the level of the umbilicus, both sides emitted a dull flat sound on being percussed.

"The pericardium was perfectly healthy, and contained no more than the normal amount of fluid. The heart was of the usual size, and showed no evidence of valvular disease, but its muscular fibres were much softened, and firm white clots were found in the auricles and ventricles of both sides, entangled in, and closely adherent to, the cordæ tendineæ and columnæ carneæ.

"The inferior lobe of the left lung was studded with miliary tubercles. It was much congested, and of a deep red color. The upper lobe, though congested, was less so than the lower, and contained no tubercles. The upper lobe of the right lung contained several small cretified tubercles, but was otherwise healthy. The lower lobe was completely riddled by an anfractuous vomica; what remained of its substance was much softened, and of a dirty brown color. The pleura around this portion was much thickened, and immediately above, its two surfaces were closely adherent, thus forming a circumscribed empyema connected with an abscess of the lung.

"The liver was almost double its normal size, its left lobe extending so far into the left hypochondriac region as to press strongly against the spleen. A rough measurement made before removing the organ from the abdomen, gave ten inches as the vertical diameter of the right lobe, nine inches as that of the left, and eleven inches as the transverse diameter of the entire viscus at its central portion. The upper left angle of the left lobe was the site of an abscess, about as large as an ordinary hen's egg, which bulged outward so as to press strongly against the diaphragm, and was filled with a thick, homogeneous yellow pus.

"The right lobe was firmly adherent to the right wall of the abdomen, and to the diaphragm, but especially to the right abdominal wall. An abscess as large as a Sicily orange, occupied the upper portion of the lobe. It was

filled with a thick whitish pus, and did not communicate either with the abscesses in the liver or the lungs. A third abscess, nearly as large as a hen's egg, existed in the lower portion of the right lobe of the liver. This abscess communicated, by a large opening in its posterior wall, with the gall-bladder, which was firmly agglutinated to the liver, and was distended with thick greenish pus. The walls of the gall-bladder were much thickened. The cystic duct was entirely occluded by the pressure of an enlarged gland. The hepatic duct was unimpeded, as was also the common duct, which was traced to its opening in the duodenum.

"We had considerable difficulty in detecting the opening of the communication between the liver and the lungs, which was not, as might have been expected, above, for one of the large abscesses pressing against the cavity of the diaphragm, but by a small canalicular opening connected the abscesses in the lower portion of the right lobe, which pierced the liver low down at about the junction of its right lateral and posterior surface, and allowed the pus to escape. This, being circumscribed by lymph, had burrowed upward, and perforated the diaphragm at its attachment to the ribs anteriorly, thus opening into the circumscribed empyema in connection with the anterior surface of the right lung. There was considerable general peritonitis, especially in the ileo-cæcal region; but the stomach and intestines appeared healthy. The spleen was normal. The kidneys were enlarged and pale. The brain was not examined."

Dr. Morehouse, a member of the Society, in remarking upon this case, said "that it was a good example of hepatic disease occurring in association with tubercular deposit in the lungs. He thought such associations were not accidental, but illustrated the relationship between suppurative inflammation of the liver and those systemic conditions favoring degeneration of tissues, and more prominently that denominated tubercule. Eighteen months ago he had exhibited to the Society a large abscess of the liver developed in a tubercular patient; since then he had learned the history of, and observed a number of cases with especial reference to this point, and, from their evidence, was led to believe that those cases of hepatic abscesses, coming on insidiously in persons from forty to sixty years of age, are, in the majority of cases, associated with the tubercular diathesis."

This opinion was not concurred in by Dr. Gross. He was not inclined to the belief that there is any special connection existing between the tubercular diathesis and suppurative hepatitis. He had come to this conclusion from having seen quite a number of cases of this disease among the boatmen on some of the Western rivers, who had entirely recovered without giving the least evidence of tubercles in the lungs. Suppurative hepatitis may, and frequently does, exist as an independent disorder, and in some countries causes a lager mortality among the people. This is fearfully true of some portions of India, where hepatic diseases are very common. But this does not militate against the fact that there is a reciprocal action between the lungs and the liver, and that it is of such an intimate nature, especially in pulmonary tuberculosis, that it may lead to hepatic abscesses.

Error of Diagnosis in a case of Pregnancy.

By John Swinburne, M.D.,
Of Albany, N. Y.

Mrs. J. E., aged twenty-eight years, of rather delicate health naturally, has been married ten months. Three months after marriage she ceased menstruating, but otherwise presented none of the usual indications of pregnancy, nor was any change observable in her general health.

At seven months, or thereabouts, her abdomen began enlarging, and at times bloating, which would partially disappear. The physician in charge, thinking it a case of suppressed menstruation, passed one of Simpson's sounds, repeating the operation at each menstrual period for three successive months—in the meantime prescribing infusion of cotton-root, ergot, and various other uterine stimulants, such as iron, myrrh, aloes, etc.

This treatment was continued until about the seventh month of suppression, when she visited this city in company with her husband, (a dentist by profession,) who gave me the following additional history of the case, for a portion of which he was indebted to the physician in charge.

The womb was patulous, retroverted, with the os open; the vagina tender, and studded with excrescences; great irritability of the meatus urinarius, with frequent desire to micturate; obstinate constipation, considerable emaciation, appetite deficient, and much thirst.

Upon visiting her and making a careful examination, I found the following conditions existing:

1. Large, healthy mammary glands, with the nipples prominent and turgid. The areolæ were large and dark, almost black, and studded with follicles, prominent, distended, and moist with fluid.

2. Abdomen large, with a circumscribed tumor occupying its lower portion. Auscultation revealed here distinct fluctuation and elasticity, as of fluid; also, uterine *souffle*, and distinct pulsation of the fœtal heart at the rate of 130 per minute.

3. Examination per vaginam revealed the excrescences of the vagina, before spoken of, to be nothing more than enlarged glands or mucous follicles, principally about the orifice of the vagina, meatus, etc.

The retroversion spoken of was only a semblance, from the uterus having arisen out of the pelvis. The irritability of the parts was only a myth. The frequent micturition was the result of pressure of the uterus upon the bladder.

The emaciation and loss of appetite were the result of constant anxiety, increased by the obstinate constipation.

The head of the child presented low down in the superior strait, and *ballottement* gave unmistakable evidence of fœtal existence.

In this instance, notwithstanding the good medical character sustained by the physician in question, he was so far mistaken in his diagnosis as to occasion great mental anxiety to his patient, and, as for his practice, the only and great wonder is, that a miscarriage was not inevitably produced.

As to the husband's diagnosis, this would lead us still further astray, notwithstanding his boast that "he was a pretty good doctor," as will be evident from the above report after a more careful examination.

Moral.—1. Do not take the opinions of any one out of the profession, nor of every person in it, or you will be constantly deceived.

2. Do not interfere with a doubtful case of pregnancy, especially where the patient's health is not impaired by the cessation of menstruation.

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M. Du Chaillou, the African traveler, at a recent meeting of the Ethnological Society of London, resented some offensive remarks of Mr. Malone, by an assault on the speaker with his fists.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.

In the absence of material for our *Summary* this week, we shall give an analysis and *Summary* of the *Transactions of the Medical Society of the State of New York* for 1860. This will be followed by a similar paper, gleaned from the Transactions of the several States, Ohio, Illinois, Indiana, Connecticut, and such others as will be kind enough to send their Transactions to us. They will not follow in regular order, but will be worked in when our journal receipts are insufficient, or deficient in interesting papers to make up our weekly article. In the State Medical Society Transactions, many papers are brought out of great interest, but the benefits derived from their perusal are confined to the respective States in which they appear.

We are determined that our *Summary* shall give a faithful rendering of all papers of American authorists of real practical interest, to be found elsewhere than in books. State Society Transactions must supply the place, for the present, of the Southern journals that now fail to reach us.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR 1860.

This volume of the *State Medical Society Transactions* is smaller than some of the previous volumes; and yet, in a practical and scientific point of view, it is not without its interest.

The opening paper is the Inaugural Address of the President, upon which we do not propose to remark.

The *second* paper is entitled "*Notes upon New Remedies*," by Edward R. Squibb, M. D., of New York. The following remedies are remarked upon: *Acidum Chromicum, Acidum Sulphurosum, Argenti Nitras Fusus, Bismuth Subcarbonas, Liquor Ferri Perchloridi, Liquor Ferri Persulphatis, Ferri Pyrophosphas, Syrupus Ferri Pyrophosphatis, Liquor Opii Compositus, Potassæ Permanganas, and Sodæ Chloras.* We shall quote only a few of the more important practical remarks contained in this paper. Remarking upon *Argenti Nitras Fusus*, he says, that it is greatly adulterated, and that he has discovered a test of purity, which, if applied, will cause to be rejected four-fifths of all now found in the mar-

ket. We quote the test: "A small fragment of nitrate of silver, say four times the size of a pin's head, crushed to powder with a knife-blade, or pencil head, upon a piece of soft paper, three or four inches square, the powder spread out over the paper, and the paper and powder then rolled up into a small, compact, match-like roll, set on fire and burned, leaves a tasteless residue of pure silver, if the nitrate be pure. But if the nitrate contains even one per cent. of any alkaline impurity, the residue of the burning, instead of being tasteless, will have the base of the adulterating salt. The little match burns rapidly with deflagration, and, provided the quantity of nitrate taken be not too great for the size of the paper, the carbon of the paper will, in burning, reduce all the silver to the metallic state, and will leave only the base of the adulterating salt to give taste to the residue."

Of the *Bismuthi subcarbonas* he speaks highly. The more common preparation, the subnitrate, he says, is often quite impure, containing arsenic, &c. He says, "at best, however, this preparation is liable to produce mechanical irritation and oppression of the stomach, constipation, and, when long continued, a train of symptoms approaching those of scurvy. The *subcarbonate* is said to produce no such ill effects. It is soluble in the gastric secretion, with the additional valuable property of being antacid. It excites no repugnance by roughness or tenacity upon the palate, and its action is uniform, prompt, and efficacious. During the first few days it is sedative, and subsequently tonic. It is regarded as being peculiarly adapted to secondary atonic gastralgias; to laborious digestion, particularly when accompanied by acid or putrescent eructations, with tendency to vomiting and diarrhœa; to the vomiting of children, whether caused by dentition or indigestion; and to the diarrhœa of feeble children. Under its use the digestion improves rapidly, the tongue assumes its natural form and color, the appetite improves, and the skin loses its shrivelled appearance, and sallow color. In short, judging from its chemical character and uniformity, as well as from the statements made respecting its therapeutic effects, it appears well adapted to replace the subnitrate altogether."

Of the *liquor ferri persulphatis*, he says, "when the solution is brought in contact with any form of fibrin or albumen, it instantaneously forms a firm and resisting clot, which is perfectly insoluble, and which becomes harder, and swells for sometime after. In consequence of this singular property, possessed in so high a degree, it is undoubtedly the most prompt and efficient hæmostatic known, whilst its value is much increased by its freedom from irritating or caustic effects. These peculiar properties appear to adapt it admirably to the purpose of injecting aneurisms, varices, and erectile tumors, whilst its astringent and corrugating power adapts it equally well to the condensation of spongy tissues and bleeding surfaces."

Remarking upon *liquor opii compositus*, he says, that the very best specimens of opium found in the market, vary in the amount of morphia which they contain, from 5.15 to 11.15 per cent., and the results of the administration of this article must vary accordingly. The preparation just alluded to, devised and manufactured by Dr. Squibb, is designed to obviate this variableness, as each fluid ounce, by absolute assay, contains four grains of morphia. Hoffman's anodyne enters into the combination, with the design that the opium be better borne. We have, no doubt, that the *liquor opii compositus* is a valuable acquisition to the materia medica, and will probably supersede "Battley's sedative," and "McMunn's elixir;" but when manufactured by knaves it will always contain too little opium and lose cast and confidence.

Dr. Squibb concludes his paper with a few remarks upon sugar coated pills, dragées, granules, etc., against which he enters his protest. If pharmaceutists will be honest, and put up in this manner only the best and purest of remedies, we do not see the force of the objection; for, certainly the tastes of the unfortunate people, whose misfortune it is to have to take medicine, are not to be wholly disregarded.

Paper *third* in the Transactions is devoted to the examination of *city* milk, and its influences upon health, particularly of children.

This is an able paper of 36 pages, illustrated with *seven* full page lithographs of healthy and a variety of unhealthy milk. The investigations and the report itself are mostly the result of the industry and devotion of Dr. S. R. Percy. To give a synopsis of this paper would be interesting, but our space will permit only of a condensed statement of results—they are as follows:

1st. "The housing of milch cows in great numbers within the narrow space allotted to them in the distillery stables of this city, of Brooklyn, and Williamsburgh, is of itself sufficient to vitiate their health, and render their milk unwholesome. But the actual condition of the stables, these deleterious effects are materially augmented by want of cleanliness, insufficient light, and a vitiated atmosphere, not to speak of the restraint and want of exercise to which the cows are subjected, nor of the unwholesome food supplied to them.

2d. The number of cows at present kept at the few distillery stables which still exist in this city, is of no great account, as in all they probably do not exceed six hundred. The business of supplying milk for this city from swill-fed cows, is now mostly conducted at Williamsburgh, or Eastern Brooklyn, where the distillery stables are numerous, extensive,

crowded, wretchedly constructed, and filthy to the last degree. Many of the animals confined in these stables were found in a sickly condition, and on careful inquiry at one of the largest of these stables, we ascertained that the annual mortality among the cows confined there was not less than ten per cent.

3d. Such of the cows at these establishments as remain comparatively healthy, are retained without once leaving the stable, as long as they continue to yield a sufficiency of milk, usually for about a year; after which they are fattened for the market, slaughtered, and sold as beef. The beef produced from these animals is unsavory, and easily recognized by its offensive odor; and this odor is not dissipated even by the process of cooking. The fibre of this beef is flaccid, and its cellular tissue is found infiltrated with watery fluids instead of solid fat. Hence, in the process of cooking, it shrivels, and presents other appearances by which the practiced eye can readily distinguish it from the beef of healthy grass-fed cattle.

4th. The swill which constituted the principal food of the cows at these stables, and which is but the refuse material left after the process of distillation, is, even at the period of its withdrawal from the alembic, and long before it is distributed to the feeding-troughs, found to be highly charged with acetic acid. Its acidulous quality, intermixed with a sort of saccharine and farinaceous flavor, is not very disagreeable to the taste; but, taken into the stomach, the swill operates briskly as a purgative, disturbing the bowels and augmenting the urinary secretions. These effects were sensibly experienced, from the use of it, by two of the members of the committee, and from the continual purging of the cattle, and the excessive amount of urinary secretion, we are led to the belief that its effect upon the cows is not materially different from its effect upon the human system.

5th. The milk of these cows does not exhibit the characteristics of wholesome milk. It presents almost invariably an acid reaction, whilst the milk from healthy grass-fed cows is, when first drawn, always alkaline. The acid quality of this distillery milk, it is true, is not perceptible to the taste while the milk is fresh, but it is always recognizable by chemical tests. And this feature is of itself sufficient to condemn the milk in question as an article of food, especially for young children. This remark applies to the milk procured from such of the cows in those stables as appear to be in good health. It must apply with still greater force against the milk procured from such of them as are actually diseased. And it is ascertained that the milk from the diseased cows is mixed with that from the others, and distributed to the consumers.

6th. The cases collected under the direction of the committee, by Dr. Percy, demonstrate the fact, independent of any chemical examinaton or any *a priori* reasoning, that the milk procured from these swill-fed animals is injurious to those who use it. The difficulty of authenticating cases of this sort, and of establishing the relation of cause and effect between the milk and the diseases which are attributed to the use of it, will be sufficiently understood by every medical observer; and, but for the unwillingness of the committee to adduce any cases in which this connection could not be clearly established, numerous other similar instances would have been added to those which Dr. Percy has reported. One instance, within the knowledge of the committee, serves to show that the housing of cows in private stables, even where these cows are fed on wholesome food, and kept carefully under the eye of those who use the milk in their own families, so long as the cows are restricted to the stable and deprived of their appropriate exercise in the open air, deteriorates the quality of the milk to such a degree that it cannot, in all cases, be used with safety as food for young children. In view of these disclosures, it is evident that the traffic in the milk of swill-fed cows is one which is detrimental to the health of the community, and that for this reason it should be discontinued."

Milk, from various sources, was examined chemically and microscopically, and its influence upon the health of young children exclusively fed upon it, carefully noted. We have not space for further particulars. We will conclude our reference to this important paper by alluding to the properties of human milk, under circumstances similar to the stall-fed cow. Dr. Percy says, "I have analyzed the milk of several women living in cellars and in damp, dark apartments. With all these women I have found the milk strongly acid, the saline matters and the casein much increased, and the butter and sugar decreased. In two of these cases, a few days of better atmosphere, more light and good food, rendered the milk alkaline and more normal in its relative proportions.

With the facts before us, which this paper presents, it is not surprising that the rates of mortality should be great among the children of the poor in the cities, occupying dark and damp cellars. The children of the rich, too, are often not more fortunate—prohibited by the dictates of fashion and pride from the enjoyment of the healthy and natural nourishment which it should be the pleasure of every mother to impart, and confined to the unhealthy milk of swill-fed and distillery-stabled cows, the mortality among them is very great.

Without a change in the dietetive arrangement of young children, cities would soon be depopulated could they not make replenishing draughts from the country. Fortunate is it for any child to be born where the air of heaven is unadulterated — where mothers are not too proud to nurse their offspring—where cows give healthy milk, and the adulterations of milk-venders are unknown!

Article *fourth* of the Transactions is upon *hypodermic medication*, and by Dr. James M. Sturdevant. We quote only a few concluding remarks: "From the above *facts* and *cases*, I am prepared to make the following deductions: 1st. The hypodermic method is *far preferable* to the method of Dr. Wood, for two reasons: *first*, the operation gives less pain; *second*, it is not liable to be followed by abscesses. It is preferable to stomachic doses in severe neuralgia, for the following reasons: *first*, it produces a more decided and speedy relief from pain; *second*, it is followed, in every instance, by sound and refreshing sleep; *third*, it is less liable to derange the stomach and bowels; *fourth*, it does not produce those cerebral disturbances, as vertigo, headache, faintness and nausea; *fifth*, when the pain returns, it is modified and milder in its character; *sixth*, it requires a smaller dose of medicine."

Article *fifth* is a paper upon the *General Pathology of the Skin, and its Treatment by means of warmth and moisture.* By Dr. Benjamin Lee. This paper is mostly devoted to the advocacy of *water dressings* in wounds, burns, inflammations, etc. Nothing new is elicited, and we shall not occupy space with quotations.

Article *sixth* consists of a report of a *Fracture of the Neck of the Femur within the capsule.* The patient died fourteen weeks and three days after the accident. A post-mortem "revealed a fracture of the neck of the femur, wholly within the capsule, which was restored by bony union, and sufficiently strong to almost support the weight of the body. The coaptation of the extremities of the fracture was nearly perfect, and had the patient survived to have used the limb, its length would have been nearly perfect."

Article *seventh* is by Dr. John Ball, on the *Extirpation of the Eye.* He figures and describes a new instrument which he calls the *double-hooked eye forceps.* The manner of extirpating the eye by its aid is also described, but our space will not justify its reproduction here.

Article *eighth* is the report of a case of *exophthalmia*, reported by Dr. T. H. Squire.

Article *ninth* is a report of a *Gun-shot wound within the Cavity of the Thorax*, reported by Dr. Sylvester D. Willard. The wound was from a pistol-ball aimed at the heart, but missing it, it lodged in the lung. The patient recovered. Dr. Willard thinks success was owing to a careful evacuation of the thoracic cavity of the accumulated fluid. He says, "at each dressing, I endeavored to empty the thoracic cavity of the fluid that had accumulated below the level of the orifice. In order to accomplish this, the patient inclined forward to a position almost horizontal, when, by an effort of coughing, the fluid would be ejected." A silver catheter was also introduced, and the fluidst completely evacuated. Guthrie, speaking of wounds of the chest, says, "all the persons I have seen die from small balls, have died with the cavity more or less full of fluid." We think it is quite probable that Dr. Willard's precaution in regard to the fluids in the chest, turned the scales in the patient's favor.

In article *tenth* Dr. N. C. Husted reports a case of gunshot wound of the chest, in which he supposes the lung was wounded, which also eventuated in recovery.

Article *eleventh* is by Dr. Hiram Corliss, and reports the case of a tumor, having its origin in the uterus, the solid parts of which weighed 56 lbs.

Article *twelfth* is by Dr. Charles Barrows, and contains the report of a case of strangulated *inguinal hernia*, which was trusted entirely to nature, and yet the patient recovered. Sloughing took place on the eighth day. For a time the fæces were discharged through the artificial opening, but in time the contents of the bowels took their natural course.

In article *thirteenth*, Dr. A. Goodman reports a case of *quadruple births.* "There was but one placenta, which was oblong in shape. Three cords were inserted in it."

Articles from the *fourteenth* to the *twenty-third* inclusive, are not of a character to find *summary* notice in our pages. Article *twenty-fourth* is upon *Pharmaceutical Preparations.* Fluid extracts are first considered. Tilden & Co., and Thayer & Co., furnish the most reliable articles of this preparation. The opinions of the committee seem to slightly preponderate in favor of the preparations of Thayer & Co. We have used both, and must confess we see but little difference—both are reliable when fresh and procured direct from the manufactors. The committee regard them as convenient and reliable preparations. Solid extracts are secondly considered, and of those manufactured in this country, preference is given to those of Tilden & Co. In the third place *active principles* are considered, but no important facts are brought out, or decided opinions expressed. In the fourth place, *sugar coated pills*, granules, etc., are considered. In regard to them it is agreed that, while taste is concealed, the action of the medicine is not interfered with.

Upon the subject of *Pharmaceutical preparations*, Dr. Samuel R. Percy presents a minority report; he regards *fluid extracts*, "at the best, uncertain, and indefinite compounds." Fluid extract of ipecac. he says, he has given in three drachm doses to a child, without effect, and has taken thirty drops of veratrum viride entirely without influence. Upon this point we feel it a duty to oppose our experience. We have used both Thayer's & Co.'s and Tilden & Co.'s preparations, and ordinarily we have found one teaspoonful of fluid ext. of ipecac. to act briskly as an emetic, even in the case of adults, and five

drops of veratrum viride, when frequently repeated, has always effected the pulse *decidedly*, by the time three or four doses had been taken. We do not propose to enter this controversy, but simply state the conclusions of different observers. In regard to sugar coated pills and granules, we would remark that those prepared by Bullock & Crenshaw, of Philadelphia, will compare favorably with any in the market; containing the same doses, they are smaller than any in the market.

The remaining papers in the Transactions are principally biographical, and are not adapted to our pages.

In the *Proceedings of the Society*, the subject of *anæsthetics* is considered, and the society is unanimous in the opinion that Dr. Wells was the first man in this country, and, so far as we know, in any other, who ever demonstrated, unequivocally, the fact that the human system could be rendered insensible to pain during surgical operations, by a process of inhalation."

EPIZOÖTIC DISEASE EMONG SWINE.

Dr. Edwin M. Snow, of Providence, R. I., sends us his address read before the Rhode Island Medical Society, at the annual meeting, June 19, 1861, upon the "Epizoöty, lately prevalent among Swine," from which we make a few extracts. The disease referred to, he says, which, for want of a better name, has been improperly called "Hog Cholera," has prevailed in this vicinity, more particularly among large herds of swine, during each of the last five winters; but has usually terminated with the end of cold weather. The present season it has prevailed more extensively, and did not cease with the approach of spring. During the last five months it has destroyed more than 300 hogs in the towns of Providence, Cranston, and Johnston, and its victims elsewhere are numbered by hundreds of thousands. The symptoms of the disease are thus concisely given:

"The hog appears weak, his head droops, and frequently, in a few hours after these symptoms, diarrhœa commences, which has caused the disease to receive the name of 'Hog Cholera.' Frequently there is vomiting; sometimes, from the bloody discharges, the disease resembles dysentery. In other cases the lungs are principally affected, and there is difficult breathing and cough. Sometimes there is inflammation of the throat, and the tongue is also very much swollen and inflamed; sometimes there is bleeding from the nose, and the nose is swollen. In many the disease appeared to be principally confined to the surface, and sometimes the ear and side of the head were swollen and inflamed; sometimes one or both legs were inflamed and swollen, and the inflammation extended along the sides or belly, of a deep red color, almost precisely similar to phlegmonous erysipelas. Some had large sores on their legs, resembling carbuncles; others had gangrenous sores on their sides or flanks, from three to six inches in diameter; some appeared delirious, and others blind. These symptoms were combined in almost every possible variety; death took place in from one to five days. Out of a pen containing 100 hogs fed on slops, 33 generally died, and it required about eight weeks for the remainder to recover from the disease."

In regard to the nomenclature of the disease, Dr. Snow says:

"I know of no name which would convey to medical men, and certainly not to others, a precise idea of the nature of the disease. Yet, it seems to me, that the facts as already given cannot fail to suggest to those familiar with diseases, some idea of the character of the disease under consideration.

"As we read of enlarged glands, ulcerated intestines, carbuncular swellings, inflamed and hepatized lungs, purpuric spots, and other similar symptoms as found in animals in this disease; the mind of the physician at once reverts to pyæmia, phlegmonous erysipelas, typhus fever, and other like forms of asthenic disease in the human system. Here, I am satisfied, we have a clue to the true nature of this disease. It is a disease primarily of the blood, producing a depraved state of the system generally, a genuine typhus disease; call it *typhus fever*, if you choose, though this name is not at all satisfactory. The diarrhœa, which often occurs in typhoid fever, is not a 'cholera,' neither is the diarrhœa of this disease in hogs, a 'hog cholera,' but it probably arises from the same cause as the diarrœa in typhoid fever. The disease is in the system generally: the diarrhœa is a local complication or effect of the general disease. Neither is this disease a pleura-pneumonia, properly, though there is pleurisy and pneumonia existing in perhaps a majority of cases. It is a general disease of the system; the pleura-pneumonia is only a local complication or effect of the general disease. It is well known that cases of pyæmia, as well as of low typhus and typhoid fever, in human subjects, are often complicated with pneumonia. So in this disease, the pleuro-pneumonia, the diarrhœa, the ulcerations in the large intestines, the purpuric spots, the ulcers about the mouth, feet, and elsewhere, are only local effects of the general disease of the system."

As to the treatment, none is of any value whatever. If treatment is desired, the indications are to support the system by stimulants and tonics, with pure air and pure cold water, and nourishing and healthy food. There is an abundance of "*certain cures*" for the disease, but all are worthless. In conclusion he says:

"I have already had occasion to know that all persons are not governed by the Christian rule of doing as they would be done by in this respect; and that some persons will send pork to the city markets which they would not eat themselves.

"I have good reason to believe that on the appearance of the first symptom of the disease, many hogs are killed, to save their value to their owners, and that the pork-eating inhabitants of our cities are, from time to time, solving the problem whether the flesh of diseased hogs is injurious to health."

OPIUM IN PUERPERAL CONVULSIONS.

Mr. James Duncan says, in the *Medical Times and Gazette*: "I have used opium frequently since 1856, and can vouch for its extraordinary power in subduing them. I give it in large doses, or rather in one single large dose of from gtt. lxx. to gtt. xc. of the tincture. In no case has it failed to check the fits; in fact, from the moment it was given, not a single fit supervened in any of the cases. I prefer giving it alone by the mouth. I have given it both when the pupils were contracted and dilated, It acts as a powerful sedattve on the heart's action, the pulse falling both in strength and frequency under its power, the patient hitherto so restless with loud stertorous breathing, generally falls into a natural sleep in which the breathing becomes quite calm and easy, from which she awakes generally in about eighteen or twenty hours, quite well.

"In advocating the claims of opium in these cases, I would by no means undervalue the proper use of the other means; but I can safely affirm that even after all other means have been tried and failed, opium may succeed. I attribute its non-popularity in these cases solely to the fact that formerly, when it was given at all, it was in small repeated doses, the effects of which were a keeping up of the excitement instead of subduing it. The same error, I am afraid, was formerly committed in the treatment of delirium tremens, where digitalis in large and heroic doses is now strenuously advocated, but where opium in equally large doses would be as powerful and effective."

ARSENIC IN INTERMITTENTS.

Mr. John Brake, Assistant Surgeon in the Second Sikh Cavalry, in India, has had very extensive experience in the use of arsenic in the treatment of intermittent fevers. In a communication to the *Medical Times and Gazette*, he says:—"My Indian experience has been gained chiefly in Lahore, Delhi, Cawnpore, Bundelcund jungles, and Saugor—all but the last named place notorious for miasmatic diseases. At Lahore, in 1856, more than 600 out of 1000 men passed through my hospital in one month.

"My patients have usually been numerous and mixed; that is to say, both European and native, the latter being Sikh and Punjaubees, meat-eaters and spirit drinkers, with constitutions greatly resembling those of Europeans.

"In all cases my experience of the effects of arsenic in small doses has been the same, and I employ it for myself and my own family. In quotidian fevers it does not fail to effect a cure once in fifty times, the usual time of taking it being five or six days, as I always continue its exhibition at least two days after the last paroxysm, and the cases very seldom relapse. In tertian and quotidian fevers the treatment by arsenic alone is more protracted, and though these may be cured by it, I usually combine with it quinine in doses of two grains three times a day, until one or two paroxysms have been warded off, when the arsenic alone is continued for a few days.

"Perceptible enlargement of the spleen scarcely ever occurs during the treatment; but, as might be expected, bilious derangement is a common accompaniment of intermittent fever, and I never attempt to cure a case without one or perhaps two mild mercurial aperient doses being given at the commencement of the treatment.

"I subjoin the statistics of one regiment of 550 men, for the year 1860, stationed at Sangor, considered a healthy cantonment: The admissions were 753—including quotidian fever, 293; tertian fever, 66; quartan fever, 14; total, 373. The deaths were two, viz., one from cancer, one from jungle fever (brought in moribund.)"

ARSENIC IN COMMON LIFE.

In the *Berkshire Medical Journal*, for May, Prof. C. H. Porter, of Albany, has a very interesting article upon the above subject, which should be read, not only by physicians but by the public generally. In *wall paper, window shades, paper boxes, cards, candies, etc.*, he finds arsenic, and that too in a condition to find its way into the system. We shall try to give a few of the more important facts and ideas brought out. The author says, "During the last two months a large number of examinations have been made in my laboratory of green wall papers obtained from various dealers in this city. Five-sixths of those examined were colored with the dangerous compounds spoken of (*Scheele's-green*, arsenite of copper, and *Schweinfurth-green*, acetoarsenite of copper.) The quantity present varied greatly in the different specimens examined. . . . . The average of all the papers examined gave thirty grains of arsenious acid

to the square foot." An ordinary sized room would thus contain some two or three pounds of arsenous acid?

But it may be inquired how this arsenic can find its way into the system? In coarse papers —and it is in such that arsenic is much the most abundant—the colors are loosely adherent to the surface of the paper as every one knows. Dr. Porter says, "In dusting apartments whose walls are covered with these papers, and in other ways, when the walls are touched, as by the contact of furniture, or of other objects, minute particles of these poisonous compounds are detached, which, floating in the atmosphere, are thus continually inhaled, and illness arises. Especially are ill effects likely to be experienced where the pigment is but loosely attached to the paper."

We cannot follow the author through the various departments of his subject. In conclusion he adds: "That arsenical compounds are extensively used for coloring papers, textile fabrics, etc., no one can doubt, and that many cases of serious illness and even death have followed their use, is no longer a question."

In selecting wall paper, much green should be avoided, also in inside painting green, especially Scheele's green, should never be used. Dr. Porter, remarking upon this point, says, "It may be noted as worthy of consideration, that if apartments thus painted were properly varnished, the danger would be to a great extent removed. The same remark applies to papers thus painted; varnishing would lessen the danger, and without injury to the color, which, indeed, it would rather heighten."

POISONOUS EFFECTS OF A LARGE DOSE OF ESSENCE OF CHECKERBERRY.

Before the *Boston Society for Medical Improvement*, as per report in the *Boston Medical and Surgical Journal*, for August 22d, Dr. W. E. Townsend "said he had been called at a late hour in the night to a woman who had been for sometime in an insensible condition after drinking six ounces of essence of *checkerberries*. She was apparently in a sound sleep, but could not be roused. There was no stertor. The pupils were contracted. After being made to inhale the vapor of ammonia, she roused sufficiently to take an emetic, which, however, did not operate, and she immediately relapsed into unconsciousness. After two hours a powerful galvanic battery was applied, from the effect of which she vomited, but such was her condition that she was nearly strangled by the contents of the stomach lodging in the fauces. She then appeared to be sinking, but in the course of an hour showed signs of reanimation, and gradually recovered, having been insensible for ten hours." Dr. Hooker alluded to a similar case that occurred under his observation.

TIN SPLINTS.

Prof. Cooper, in the *San Francisco Medical Press*, says: For a long time we have been in the habit of using *tin* instead of wood for fracture splints. This material is so far superior to all others used for the purpose, that we are greatly surprised that manufacturers of patent splints have never adopted it instead of wood. It is lighter, stronger, far cheaper, and can be moulded into any desirable shape by the surgeon. Thus, as is often the case in compound fractures, it being desirable to have some particular part exposed, the surgeon may go to any tinner, and procure, at a trifling expense, the splints, with the necessary openings, which cannot be the case with the use of wood. *Any* tinman can easily make the splints, but few workmen can make them properly shaped of wood. We would particularly commend them to young practitioners, who may not be able to equip themselves with the more costly appliances, in the commencement of their practical careers."

REMEDY FOR OBESITY.

The use of the leaves and stems of *Fucus vesiculosus*, or common sea-weeds, in decoction, powders, or pills, as a cure of excessive obesity, is strongly advocated by Dr. Duchesne Dupare, in *Champonnier's Journal of Med. and Surg.*

THE RICHES OF A DROUTH.

Several experiments tried by Professor Higgins go to show the action of drought in bringing mineral matters from a depth to the surface of the soil. In one case he placed a solution of chloride of barium in a glass cylinder, and then filled it with dry soil. After long exposure to the rays of the sun, the surface of the soil was tested with sulphuric acid, and gave a copious precipitate of sulphate of baryta. Chloride of lime, sulphate of soda and carbonate of potash, were experimented upon in like manner, and upon the application of proper tests the surface of the soil showed their presence in large quantities, drawn up by the rising water from underneath, as in the case of drouth. The parched earth—all vegetation dwarfed and withered by the heat—seems suffering a curse; but is only an afflictlon for the present—"a blessing in disguise" for the future. "The early and latter rains" may produce at once abundant crops, but dry weather is needed to bring to the surface from the depths of the earth, where else it would be forever unemployed, food for the future harvests. It is Nature's ordinance for keeping up the fecundity of the cultivated soil.

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S. W. BUTLER, M. D. }
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MR. FERGUSSON HOLDING PROFESSIONAL INTERCOURSE WITH HOMŒOPATHS.

A letter has been published by Mr. Fergusson in reference to the charges made against him of habitually entering into professional intercourse with Homœopaths. He says:

"'The fault of which I was accused three years ago, was that I had travelled in company with a Homœopath to relieve a gentleman of retention of urine, when the regular surgeon in attendance had failed; and I was further accused of holding consultations with Homœopaths. The former charge I admitted, and the latter I distinctly denied. In addition I stated that 'I had no faith in Homœopathy,' and that 'I gave no encouragement to Homœopaths to consult me.' I added further that I never refused my surgical services in any important case where they might be required, and would hold my conduct unjustifiable if any evil or fatal result ensued from negligence or refusal on my part. To all these views I hold as strongly now as I did at the time in question. I still do not consult with Homœopaths; I still have no faith in Homœopathy, and I still give no encouragement to Homœopaths to consult me. I never intended, and do not wish now, to have or leave room for any quibble on these points. I have been told that to meet a Homœopath in any way in a case, is to consult with him, and that, therefore, my denial is worthless; that such meeting amounts to a consultation. With those who take this view I at once plead guilty. I am occasionally consulted by Homœopaths (as I know other surgeons are), and, hearing the history of the case in clearer terms than from the patient or a friend, I give my surgical opinion; with this the interview ends. From first to last there is not a word about Homœopathy introduced; but should there be, I invariably let the patient know that I have no faith in such doctrines, and that I am giving my opinion solely as a surgeon. I am not aware that I have met with any man who has stronger views, prepossessions, or objections against Homœopathy than I have. No Homœopath can say that I ever conceded to him one tittle on Homœopathic principles; and as a public teacher of thirty-five years' standing, I appeal to my numerous pupils with the utmost confidence that they will free me from the imputation of having ever encouraged such doctrines.'"

Mr. Fergusson has, in this acknowledgement, admitted what would, in this country, have made him clearly amenable to an ethical prosecution and condemnation. We assert that, to meet a Homœopath in any professional relation in which, before a patient or his friends, we acknowledge him to be a physician, and accordingly treat him with the professional courtesy due to a physician, *is equivalent to a consultation with him.* Such conduct is at least giving "aid and comfort to the enemy," quackery, and as such is treason against the honorable profession of medicine.

Mr. Fergusson admits that he "is occasionally consulted by Homœopaths, and, hearing their history of the case in clearer terms than from the patient or a friend, gives a surgical opinion; with this the interview ends." He thus admits that he is "occasionally consulted by Homœopaths," and yet in the first sentence of his letter denies "*holding consultations with Homœopaths!*" Here is a distinction without really any ethical difference.

His conduct tends to sustain the quack in the confidence of the patient, at a time when his inefficiency could be made apparent. The surgeon need not feel himself responsible should "any evil or fatal result ensue from negligence or refusal" if he has previously offered his services with the provision that the quack in attendance be first discharged. Little time need be lost to the patient or his friends in doing this, and it should in all cases be the alternative offered by the surgeon where any kind of charlatan is in attendance.

The profession have no other opportunity so good for administering a severe rebuke to a quack as when he is obliged to acknowledge his inability as a surgeon, and that his want of respectability prevents him from having a surgeon meet him in consultation. No respectable surgeon in the city of Philadelphia would give his services in a case where any variety of ir-

regular was in attendance, excepting where the emergency was so great that time could not, with safety to the patient, be allowed for his discharge. We believe that the same proper avoidance of professional intercourse with quacks prevails generally among the profession in American cities, but we have been informed by prominent medical practitioners, residing in the city of New York, that there are among them surgeons in very high repute who thus habitually demean their profession.

The conduct of Mr. Fergusson in this matter is exceedingly discreditable, made more conspicuous, as it is, by his eminent position, and deserves an exemplary reprobation.

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EDITORIAL NOTES AND COMMENTS.

Free Openings into Suppurating Joints.—To Dr. Cooper, of San Francisco, is due the credit of establishing the great advantage of free openings into suppurating joints, and of illustrating by extensive practice the innocuousness of atmospheric air when admitted into synovial and serous cavities. Dr. Cooper is in error in supposing, as is evident from a recent editorial in his journal, that the treatment of disorganized joints by incision is not to any extent adopted by surgeons. It has been for some years practiced by many surgeons in this country, as by Pancoast, Agnew, Morton, and others of this city; extensively by Bauer, of Brooklyn, and Walter, of Pittsburgh. We believe that the latter named gentleman would dispute with Dr. Cooper, the priority of the practice. We have repeatedly during the last two or three years relieved suffering, and saved joints and limbs in the Philadelphia Hospital, by free incisions into suppurating articulations. The practice has also been to some extent adopted abroad, and we have seen the subject favorably noticed in European journals with proper credit to Dr. Cooper.

While giving Dr. Cooper credit for really establishing the advantage of this treatment in an extensive number of cases, and of being the author of its introduction as an established rule of practice, any real originality in the treatment cannot be claimed by him. It has been the practice of some surgeons, for a long period, to occasionally open suppurating joints for the escape of pus and the debris from the diseased articulating surface. If we could take the time to look up the literature of the subject this assertion might be abundantly proved. The only case in evidence to which we can at present refer Dr. Cooper occurred a long time ago in the practice of Mr. Gay, of London, and is recorded in an article by him in *Braithwaite's Retrospect*, part xxiv., page 171.

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"*The Staff of Life.*"—Bread is said to be "the staff of life," but composed of such materials as sometimes enter into its composition it can hardly be said to be a "staff" capable of affording much support in the walks of life. Nor can it be supposed that the author of the adage, above quoted, had reference to the sour, half-baked mass which sometimes passes under that name, nor yet to that which is made from adulterated materials, mixed up with decomposing vegetable matters from unclean localities, or spiced with various specimens of insects or the fetid exhalations of diseased workmen. But we suppose that *pure* bread is intended, that which is composed of proper materials in proper quantity and in entire purity; that which contains all the natural elements of good flour, starch, gluten, and sugar, in their original proportions and perfection. No other compound would be equally fitted to give life and vitality to the human system.

Now in the ordinary method of manufacturing the article, especially in our bakeries, it is scarcely possible that such bread can be manufactured. The utmost efforts will hardly suffice to preserve entire cleanliness. The bakery is, perhaps, a low, damp basement, opening upon a filthy street, and swarming with "insect life." The yeast may be mixed with foreign substances, so that, despite all efforts, the baker's bread must contain much filth. That which is manufactured at home is much purer, because the vessels used are more carefully looked after, and there is less of filth in the surroundings. Yet none of it may be free from impurity, and we, poor mortals, may console ourselves with the fact that we are all fated to eat each a "peck of dirt before we die."

And yet science and invention seem to have taken pity on our miserable estate, and given us, as the result of study and experiment, a process by which pure bread is manufactured. The flour is carefully selected, weighed, sifted, mixed, and baked without a human hand touching it. The process is thus described in an exchange: With a due proportion of water, the flour passes through a large iron pipe into a huge hollow globe of fine cast iron, lined with

tin. Through this globe runs an iron shaft with polished steel arms, which, as the shaft revolves, mix and knead the dough. During this operation pure carbonic acid gas, carefully washed, is forced from the gasometer into the globe by a powerful force pump, and is incorporated uniformly into the whole mass. The dough is then forced through a valve into tins for baking, and in an hour and a half from flour in the bin, it is bread beautifully baked. All is done by the iron hands of machinery, and the power of steam. The result is, so it is said, the best and sweetest bread in existence. The flour is unchanged and retains all its natural elements.

The process thus detailed appears exceedingly simple and practicable. It may be too expensive for general use, but bread thus made would no doubt possess the rare merit, *entire purity*, and might properly be denominated the "staff of life."

The Adulteration of Tea.—In the London *Lancet* for Aug. 10, we find the result of the microscopical and chemical analysis of forty-eight samples of tea.

Of the twenty-four specimens of black tea analyzed, every one was found to be *genuine*. Of a like number of green teas *all were adulterated*. The adulterations are mainly a coloring matter with which the tea leaf is faced, painted or glazed. Ferro cyanide of iron or Prussian blue is the article most commonly used for this purpose. Sometimes, however, indigo, kaolin, or China clay, and turmeric powder were found in addition. That species of tea which is denominated gunpowder, is adulterated in other ways by admixture with leaves not those of tea, with paddy husk, and particularly with "lie tea" so called, a leaf which resembles the tea leaf closely, and is sent to this country from China in vast quantities, to be employed in adulterations here. The coloring of the tea is almost entirely done in China, and probably because it improves its appearance, and perhaps renders its sale more sure and rapid.

Such is the result of a thorough analyzation of this article by eminent scientific men in England, and it is certainly not very flattering to the taste of those who drink green tea for the love of it. There is no *such article as an unadulterated green tea.* Let the lovers of the herb remember that fact, and as they sip the delicious beverage, and fancy they find in it a solvent for their aches and pains, let them also remember that they are sipping with it a solution of Prussian blue and indigo, as well as sundry other little peccadilloes, that neither add to its exhilarating properties, nor yet are entirely harmless to the system. On the other hand, the black teas are not adulterated, and are the only ones used by the Chinese. Knowing the impurities that are in the best green teas, they send them to foreign ports to tickle the delicate palates of the English, the French, and the American, who, in their view, fancy the bright lively appearance imparted by the coloring compositions they use.

The remedy for these wholesale adulterations is easy. It is entirely in the hands of the tea merchants. If they refuse to buy the poisoned leaf, the Chinamen will very quickly stop adulterating it.

Is Diphtheria a New Disease in Philadelphia?—The following extract of a letter, from the celebrated Dr. Benjamin Rush, is taken from Duncan's *Medical Commentaries*, (Vol. iii., p. 103; Edinburgh, 1775.) As the disease it describes was new to him, and was characterized by patches of phlegm, which resembled sloughs, may it not have been diphtheria?

"We have lately had a disorder among us which is new in this country. It is the fifth species of Dr. Cullen's Cynanche. Dr. Tissot describes it in a particular manner in his advice to the people. It was at first mistaken for the putrid sore-throat; but the ill success which attended the exhibition of bark and wine in it, soon convinced us that it was not of a malignant nature. What led to this mistake was, that there were ulcers much oftener seated in the tonsils than behind the ears, and they were often covered with phlegm, which resembled sloughs. I followed strictly Dr. Tissot's method of cure; that is, I bled in severe cases, vomited, purged, and blistered, as the symptoms required.

"I forbid stimulating food of all kinds, and kept up a gentle perspiration, with diluting drinks. This treatment I found successful in every case to which I was called."

The Pennsylvania Medical College.—The Faculty of the Pennsylvania Medical College, in view of a prospective reduction of the income of the Institution, owing to the present disturbed state of the country, recently demanded of their Board of Trustees, who control the College building, a reduction in the expenses incurred by its occupancy. Up to this date, no reduction has been acceded to, and probably, from some technicalities, could not be before the next regular meeting of the Board of Trustees of the parent institution at Gettysburg. The Faculty have, however, in the meantime, avoided the incurring of responsibility by all resigning their chairs. The regular meeting of the Board of Trustees will be held on the 17th of September, when negotiations of a favorable character to the progress of the Institution may take place.

Gratuitous Inoculation for the Small-pox in Philadelphia prior to the Revolutionary War.—"There is now a society established in the City of Philadelphia for inoculating poor children. It consists of twelve managers and eight physicians. The former provide medicines, and, in some cases, firewood and other necessaries; and the latter inoculate and attend the poor at their own houses. The benefit of this institution to the community is great, and the expense and trouble very trifling. The managers receive applications from the poor in their turns. Each physician is confined to a particular part of the town, which is most contiguous to his dwelling-house; so that the whole is conducted with as much regularity as an hospital, without any of its disadvantages. The scheme of this institution was suggested by observing that, in the year 1773, above three hundred people, out of fourteen hundred, died of the small-pox in the natural way in this city. The greatest part of these were poor people, who could not afford the expense of inoculation."—(Letter of Dr. Benjamin Rush, in Duncan's Medical Commentaries, vol. iii., p. 104; Edinburgh, 1775.)

Dr. Brodie and Homœopathy.—The *Medical Times and Gazette* says:—"It having been stated that Sir B. Brodie had 'repeatedly received fees from the hand' of a Homœopath, Sir Benjamin has authorized the publication of a letter, dated Betchworth, July 27, which contains the following very explicit declaration—one which will, we trust, effectually put a stop to all excuse for 'meeting,' 'consulting,' or 'attending with' Homœopaths:

"I feel confident that our profession generally will do me the justice to believe that I would not, either directly or indirectly, do anything that would in any way sanction a system so absurd and nonsensical as I know the so-called Homœopathy to be.

"Having been in the habit of seeing, especially at my own house, many patients attended by practitioners of whom I had no knowledge, I cannot say that I may not by accident have occasionally seen some one attended by a Homœopathist; but I have never knowingly done so; and I do not think that any well educated medical practitioner can honestly meet one of these Homœopathists in consultation. The only object of a consultation is to do good to the patient; and it is out of the question to suppose that any interchange of idea with one in whose professed opinions we have not the smallest faith, and whose notions, indeed, we cannot comprehend, can tend to this result."

Books and Pamphlets Received.—Godey's Lady's Book, Philadelphia; Harper's Monthly, New York; Atlantic Monthly, Boston; Monthly Bulletin of Foreign Literature, Philadelphia; De Cella Vitali Scripsit, Dr. H. Karsten, from Fred. Leypoldt, Foreign Bookseller, 1323 Chestnut street; Transactions of the Tenth Annual Meeting of the Illinois State Medical Society, 1860; Fiske Fund Prize Essay, Rhode Island Medical Society; Communications of the Rhode Island Medical Society for 1861; Physicians Visiting List, 1862, Lindsay and Blakiston, 25 South Sixth street, Philadelphia.

Correspondence.

A UNIQUE CASE—DID IT EVER OCCUR BEFORE?

Frewsburg, N. Y., Aug. 20, 1861.

Editors Reporter:—A case occurred to me last night, the like of which has never previously fallen to my lot to observe. I wish to present it to the profession, and inquire if it is unique:

I was called at eight o'clock last evening to visit and attend a married lady, aged only sixteen years, in confinement. As she resided but a mile from my office, I was soon there. I found her well advanced in the first stage of labor. For a lady of her age, and in her first confinement, the labor was quite rapid—it was *completed* by half-past nine o'clock, or about an hour after my arrival. During the last half hour I sat by the patient, with my right index finger in the vagina. In due time the perineum was supported, and the child received as usual. The child cried lustily at once, and, consequently, the cord was tied with one thread, cut, and the child removed. I did not observe whether the cord bled or not. Waiting, perhaps, one minute, I took hold of the cord with my left hand, passed the index finger of the right hand into the vagina, found there the placenta, and by traction on the cord and leverage with my finger, removed it at once. What was peculiar *my right hand and fingers did not bear the least stain of blood!*

O. C. Gibbs, M. D.

Course of Operative Surgery.—Dr. D. H. Agnew will soon commence a course of lectures and demonstrations of Operative Surgery. It will be thoroughly practical, and illustrated by the extensive resources in possession of the lecturer.

This opportunity will be appreciated by medical students, and particularly by Army Surgeons, and those preparing for such positions.

The course will be separate from his regular course on Anatomy.

NEWS AND MISCELLANY.

The Health of San Francisco.—During the month of June the weather was mild, generally warm every day till towards one in the afternoon, when the winds from the sea, as usual in summer, blew wildly, filling the air with drifting mist or sand, or both. No rain. Five shocks of earthquakes, one of four seconds duration. There were some cases of diphtheria and scarlet fever; many of measles and whooping cough. There were also a few cases of small-pox; but this disease manifested no tendency to become epidemic. There was a large number of cases of affections of the fauces in the adult, more or less simulating true diphtheria, but these cases readily yielded to gargles, nutritious diet and stimulants. We have hardly a doubt of the contagious nature of these diphtheritico-ulcerative diseases of the fauces to persons sufficiently near to inhale the expiration of the patient after the disease has progressed a day or two, or until the exudation has begun to break down and become muco-purulent. Twice during the month of June, and the first half of the current month, we have had sore throat, with considerable exudation, fever and depression after treating adult cases of the same affection.

Acute diseases of the lungs were not frequent during the past month, and old cases of phthisis pulmonalis, or chronic bronchitis were apparently much ameliorated, though some few terminated fatally.

Cases of organic disease of the heart seem not subject to much improvement by meteorological changes. Of acute rheumatism there were few, if any new cases; two suicides; no murders. For the living, and for those who have not to mourn the death of friends, June was a delightful month. But during those short thirty days, our sadly-beautiful city of the dead received into its silent bosom one hundred and nineteen of our population. Of this number eighty were buried in the Protestant, thirty-eight in the Catholic, and one in the Jewish cemetery; twenty-eight of all these cases were under three years of age.—*Pacific Med. and Surg. Jour.*

Surgeons in Active Service.—The following Surgeons and Assistant Surgeons were with the regiments of the United States army in its attack upon Manassas, Va., on the 19th and 21st ult. Of the Staff, Surgeon W. S. King, U. S. A., and Assistant Surgeon D. L. Magruder, U. S. A.

Connecticut Volunteers.—1st Reg., Surg., C. P. Stearns; Assis't Surg., Frederick Dibble; 2d Reg., Surg., A T. Douglass, of New London; Assis't Surg., Francis Bacon, of New Haven; 3d Reg., Surg. John McGregor, of Thompson; Assis't Surg., Matt. T. Newton, of Suffield.

Maine Volunteers.—2d Reg., Surg., Wm. H. Allen, of Orono; Assis't Surg., A. O. Hamlin, of Bangor; 3d Reg., Surg., G. S. Palmer, of Gardiner; 4th Reg., Surg., Wm. A. Banks, of Rockland; Assis't Surg., Elisha Hopkins, Jr., of Searsport; 5th Reg.. Surg., —— Buxton, of Warren; Assis't Surg., F. G. Warren, of Biddleford.

Ohio Volunteers.—1st Reg., Surg., —— McMillan, of Columbus; Assis't Surg., —— Wilson; 2d Reg., Surg., ——; Assis't Surg., ——.

New York Volunteers.—2d Reg., Surg., A. Powell; Assis't Surg., S. E. Ferguson; 69th Reg., Surg., Kiernan: 79th Reg., Surg., James Norval; 13th Reg., Surg., —— Little; Assis't Surg., —— Avery; 12th Reg., Surg., R. W. Pease; Assis't Surg., G. B. Todd; 8th Reg., (Militia,) Surg., John C. Dalton; Assis't Surg., T. R. Smith; 14th Reg., Surg., J. M. Homeston; 1st Assis't Surg., J. L. Early; 2d Assis't Surg., F. Swain; 27th Reg., Surg., —— Barnes; Assis't Surg., —— Moore; 71st Reg., Surg., —— McMillan; Assis't Surg., —— Dodge; 11th Reg., (Ellsworth's Zouaves,) Surg., C. A. De Villiers; 38th Reg., Surg., A. Berry; Assis't Surg., S. Griswold; 8th Reg., Surg., Rudolph Welcker; Assis't Surg., Francis Stackly; 29th Reg., Surg., C. Newhaus; Assis't Surg., C. H. Osborne; —— Reg., (Garibaldi Guard,) Surg., A. Mager; 16th Reg., Surg., W. H. Crandall; Assis't Surg., John H. Moore; 31st Reg., Surg., Frank H. Hamilton, of Brooklyn; Assis't Surg., Lucien De Mainville; 18th Reg., Surg., W. Van Ingen; Assis't Surg., —— Edmondson; 17th Reg., Surg., J. C. Stewart; Assis't Surg., A. B. Shipman, of Syracuse; 32d Reg., Surg., W. B. Little; Assis't Surg., W. North West.

Wisconsin Volunteers.—2d Reg., Surg., J. M. Lewis.

Michigan Volunteers.—1st. Reg., Surg., Wm. Brodie, of Detroit; Assis't Surg., Cyrus Smith; 2d Reg., Surg., A. B. Palmer; Assis't Surg., Nathan Webb; 3d Reg., Surg., D. W. Bliss; Assis't Surg., Z. E. Bliss; 4th Reg., Surg., Thomas Tunicliff; Assis't Surg., D. P. Chamberlain.

Minnesota Volunteers.—Surg., J. H. Stewart; Assis't Surg., C. W. Le Boutillier.

Massachusetts Volunteers.—1st Reg., Surg., R. H. Salter, of Boston; Assis't Surg., Samuel A. Green, of Boston; 5th Reg., Surg., M. W. Hurd; Assis't Surg., W. W. Keen, Jr., (of Philadelphia.)

Rhode Island Volunteers.—1st Reg., Surg., Francis L. Wheaton; 1st Assis't Surg., Henry H. Rivers; 2d Assis't Surg., George W. Carr, all of Providence; 2d Reg., Surg., Francis L. Wheaton.

New Hampshire Volunteers.—2d Reg., Surg. Geo. H. Hubbard.

Vermont Volunteers.—2d Reg., Surg., N. H. Ballou; Assis't Surg., W. B. Carpenter, both of Burlington.

Pennsylvania Volunteers.—27th Reg., Surg., P. Heller; Assis't Surg., M. Heller, both of Philadelphia.

The Sick in the Hospitals at Washington.—The weekly report issued on Tuesday last, shows that there are 124 patients in the General hospital, on E street, in Washington; 55 in C street hospital; and 211 in Columbia College hospital. In Seminary hospital, Georgetown, 174; Union hospital, Georgetown, 179. Total, 743, in which the hospital at Alexandria is not included.

The Sanitary Commission.—The commission makes the following recommendations:—

1. The accumulation of hospital supplies and bedding at safe localities near the main body of the army.
2. The erection of wooden pavilions, properly constructed, and each accommodating thirty to sixty patients.
3. The selection from the civil hospitals of one or more practiced male nurses, for especial attendance upon serious surgical cases.
4. The establishment of a general military hospital in the harbor of New York.
5. If the present hospitals are to be occupied during the winter, immediate correction of their architectural defects.

Assistant Surgeons Appointed.—The following approved candidates have been appointed assistant surgeons in the medical staff of the army, in the order stated, to fill vacancies created by the casualties of the service:

First—John Bell, of New Hampshire, vice Edgar, promoted. May 21.

Second—John Howell, of Janeway, Pa., vice Coney, resigned. June 1.

Third—Henry Augustus Du Bois, of New York, vice Gilson, resigned. June 1.

Fourth—Benj. Howard, of New York, vice Guild, dropped from rolls. July 1.

Fifth—Henry Chester, of Parry, Pa., vice Ridgely, resigned. July 31.

Sixth—Henry Remson, of Tilton, N. J., vice Hollenbush, deceased. August 6.

Seventh—Samuel Miller, of Horton, Pa., vice Gaenslen, resigned. August 16.

Eighth—John C. G. Happersett, of Pennsylvania, vice Ramseur, dismissed. August 17.

Rank of Surgeons.—The *Medical Times* says:—We believe the regimental Surgeons of our volunteer army are not generally aware of their proper rank. For the most part they assume the rank and consequently dress of a Captain, when in truth they are entitled to that of Major. This error grows out of the fact that in the State service the rank of the Surgeon is that of Captain, but when mustered into the United States service the rank is changed to that of Major. It is important that the Surgeon should assume his proper rank, not only to maintain the dignity of his position, but to receive that deference to his authority which such rank alone gives him. We hope every Surgeon will act upon this hint, and take his proper position in the regimental staff, and demand a corresponding degree of authority.

Appointments.—Dr. E. D. G. Smith, of Newark, N. J., has been appointed Assistant Surgeon in the Navy, and ordered to Boston. Dr. James C. Fisher, of Burlington, and Dr. W. W. L. Phillips, of Trenton, have been appointed Surgeons in New Jersey regiments. There is a perceptible improvement in the character of appointments to the medical service of the Army and Navy.

Typhoid Fever is somewhat prevalent in the military hospitals in Washington city, though the general health of the troops continues excellent.

The southern newspapers continue to report a vast amount of sickness among the southern troops, and a good deal of suffering for lack of proper clothing, medicines, etc.

Spots on the Sun.—There are now more spots on the sun than have been seen for many years; some of these are visible through a smoked glass to the naked eye. Several stars—some of them of great brilliancy, which, from their ascertained distance, must have been as large as our sun—have totally disappeared from the sky; and the question has been raised among astronomers whether the light and heat of the sun are fading away. As this would be accompanied by the destruction of all the plants and animals on the earth, it is rather an interesting question. The sun's light and heat are diminished by the dark spots, at the present time, about one per cent.

Ærophytes.—A paper has been communicated to the *Moniteur Scientifique*, by M. de Luca, Professor of Chemistry in Paris, detailing the result of an analysis of one of those wonderful plants that vegetate suspended in the air, without any contact with the soil. He found that such a plant as the *Tillandria Dianthoidea*, after being burned, contained 10 per cent. of ashes, in which were silica, lime, magnesia, potash, soda, phosphoric acid, and a very appreciable quantity of iron, manganese, sulphuric acid, and chlorine. This plant must have attracted its mineral elements from the dust which was floated on the breeze.

The Electric Light.—The electric light, which is now used to illuminate the Place de Palais Royal, Paris, has lately been subject to remarkable changes in its brilliancy, arising from a very singular and unexpected cause. Every evening—and especially after a very warm day—clouds of insects collect around it, and each of them appears to be drawn irresistably toward the bright points of burning carbon, but the instant they touch it they are broiled to death. The numbers that crowd to it, however, are so enormous that the light appears at times to be almost extinguished by burning insects, and every morning the bodies of these unfortunate suicides are found heaped up at the bottom of the lantern in thousands and tens of thousands. But as an ingenious French *savant* has luckily

discovered a new method of keeping insects out of lanterns, this cause of the discontinuance of the electric light will very soon be put an end to.—*Mechanics' Magazine*—(*London Med. Times.*)

Population of the World.—M. Dietrici, Director of the Office of Statistics at Berlin, has published, in the annals of the Academy of that city, the result of his researches relative to the population of the globe. In addition to his calculation of the total number of inhabitants, which he puts down at upwards of 1,288,000,000, M. Dietrici estimates the number of the different human races as follows:—The Caucasian, 369,000,000; the Mongol, 552,000,000; Ethiopian, (negroes,) 196,000,000; the American, (Indians,) 1,000,000; the Malays, 200,000,000. The leading religions he divides as follows:—Christianity reckons 335,000,000 adherents; Judaism, 5,000,000; the Asiatic religions, 600,000,000; Mahometanism, 160,000,000; and Polytheism, 200,000,000. Of the Christian populations, 170,000,000 being to the Roman Catholic church; 80,000,000 to Protestants, and 76,000,000 to the Greek church.

Dr. Sylvester's method of restoring suspended animation is to lay the patient on his back, and having pulled the tongue forward, to draw the arms slowly up over the head, by which means the ribs are elevated by the pectoral muscles, and inspiration is produced; the arms are then to be brought down to the side of the chest, which they are to compress in a slight degree. These movements are to be repeated as slowly as the other method, (that of Marshall Hall,) and it is said that they give a more complete charge of air to the lungs.

M. du Chaillu and the British Museum.—Acting upon the recommendation of Professor Owen, the Trustees of the British Museum have purchased the principal objects in M. du Chaillu's collection of mammals for £500. The selected specimens include the "King of the Gorillas," the large specimen stuffed by Mr. Wilson, which has lately been exhibited at the rooms of the Geographical Society; the younger specimen called "Joe" in M. du Chaillu's lecture, and another skin; also the skin of the Bald-headed Ape, the new Antelope and the African Manatee, with their skeletons, and the skins of some smaller animals.—*Lancet.*

From the decision in a recent case before the Exeter District County Court, Eng., it appears that a chemist and druggist cannot prescribe for a patient without subjecting himself to prosecution and loss of his fee, unless he has a certificate from the proper authority. The law, as laid down by the judge, is:—"If I go to a druggist's shop and say I am ill, and want a box of Cockle's pills, or any other medicine, the druggist may supply it; but if I say 'I am ill—what had I better take?' and the druggist prescribes for me, then he is acting contrary to law, and is liable to prosecution."

Ingrowing Nail.—M. Legrand puts a thick layer of dried alum on the painful part, and secures it with a narrow muslin bandage. This is left on for three days, and when removed carries with it a great portion of the fungating soft parts. A portion of the nail is then easily cut away, and the same dressing used till all pain and uneasiness have ceased.—*Lancet.*

A New Lithotrite.—M. Matthieu has submitted to the Academy of Medicine of Paris a forceps and perforator by which very large stones can be broken up. The forceps, which is introduced like the same instrument used in delivery, and much resembles it, seizes the stone, and the perforator is then glided between the blades and fixes the calculus. The instrument is employed in the median operation, and requires an incision of only one inch, according to Professor Nélaton, who has used it several times.—*Lancet.*

MARRIED.

Diven—Todd.—On the 13th of August, in Greenville, by Rev. John Rice, Dr. Andrew H Diven, of Ringgold, Jefferson county, to Miss Sallie Todd, of Greenville, Indiana county, Pa.

Leavitt—Robbins.—In Skowhegan, Me., Dr. Henry Leavitt and Emma F. Robbins.

DIED.

Castle.—At Woodbridge, Conn., August 26th, Dr. Andrew Castle, aged 58 years.

To Correspondents.

Dr. S. E. M., Conn.—Leared's work on Digestion is not republished in this country. It can be obtained through the foreign booksellers.

Mr. A. O. H., Philadelphia.—For the information you desire, see Reporter of Aug. 17, p. 456. Apply to R. C. Wood, Acting Surgeon, U. S. A., Washington, D. C.

Dr. S. D. G., Conn.—Your communication is received, is on file, and will receive attention soon.

☞In looking over our stock of Reporter's on hand, we find a surplus of some numbers, of which some of our collaborators may desire to possess the copies containing their communications. Any such who will send us their address, enclosing one dollar, shall be supplied with such number of copies as will satisfy them. First sent first served. tf.

Communications Received.

New York—Drs. O. C. Gibbs, Swinburne, Rufus K. Brown, C. G. Halsey, G. J. McKay. *Rhode Island*—Dr. S. W. Francis. *Massachusetts*—Drs. E. W. Sanford, C. D. Cleaveland, H. Cornish. *Connecticut*—Drs. W. H. Richardson, G. D. Grant. *Illinois*—R. L. Rae. *Pennsylvania*—Dr. J. M. Maisch, Phila. *Vermont*—Per H. B. Cross: Drs. E. J. Hale, O. S. Searle, S. A. Smith, H. Onion, each with encl. *Michigan*—Dr. Matthew Gill; per Jno. Hulme: Drs. A. Ewing, A. N. Van Tyne, R. B. Gates, E Lewis J. H. Shaw, W. H. Johnson, F. Wheelock, W. O. Donoghue, W., G. Saunders, E. Cox, S. Rogers, A. Doane, Z. Y. Slater, M. W. Tomlinson, D. C. Addington, O. F. Burroughs, G. J. Longbottom, each with encl.

Office Payments—Dr. C. J. Underwood, Morris, Ill., Dr. Smith, Boundbrook, N. J., A. P. Frick, Neffsville, Pa. Per Swainet: Dr. Sherk, Mrs. McClenachan, D. W. Kolbe, Keichline, Kent.

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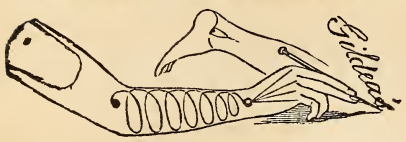

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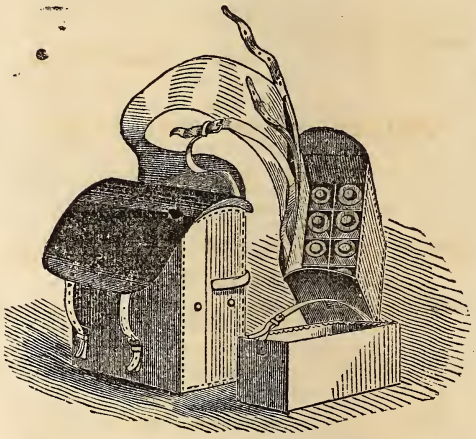

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" "	18	½	oz.	" "			
" "	4		Pots,	" "		and	
" "	1		Mortar,	" "			$19 00
No. 2, containing	21	1	oz.	Ground Stop. Bottles,			
" "	14	½	oz.	" "			
" "	4		Pots,	" "		and	
" "	1		Mortar,	" "			$15 50
No. 3, containing	18	1	oz.	Ground Stop. Bottle			
" "	10	½	oz.	" "		and	
" "	4		Pots,	" "			$12 00
No. 4, containing	20	1½	oz.	Ground Stop. Bottles	and		
" "	2		Pots,	" "			$8 50
No. 5, containing	15	1	oz.	Ground Stop. Bottles,			$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	9	1½	oz.	Ground Stop. Bottles,			
" "	18	1	oz.	" "			
" "	18	½	oz.	" "			
" "	4		Pots,	" "		and	
" "	1		Mortar,	" "			$20 00
No. 2, containing	7	1	1½	oz. Ground Stop. Bottles,			
" "	14	1	oz.	" "			
" "	14	½	oz.	" "			
" "	4		Pots,	" "		and	
" "	1		Mortar,	" "			$16 50
No. 3, containing	14	1	oz.	Ground Stop. Bottles,			
" "	14	1½	oz.	" "		and	
" 4	4		Pots,	" "			$13 00

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.,
Of New York.

(*Continued from page* 484.)

IN NATURAL PHILOSOPHY.

Within the wide range of scientific investigations, there is nothing so pleasing to the contemplative mind, nought that brings as vividly before the imagination nature's certitudes as the various branches of Natural Philosophy. With a clear conception of what is æsthetic in its character, and convinced of the capabilities of universal laws, the student of the past reaps vast satisfaction and obtains a priceless treasure by following, conscientiously, the by-paths of a subtle element; or tracing out for future usefulness the powerful workings of a hidden principle.

Many wonders do exist surpassing strange and full of meaning, but, to the inspired reader of what has been done, a beauteous vista in the happy future holds out tempting prizes for the indefatigable. Perseverance and unimpaired zeal surmount all obstacles. Man may pronounce, in public, what appears most futile for a healthy mind to comprehend; but innate monitors predict the birth of what some century hence, maybe but ten short years, will bring to life, and shed bright lustre on the fortunate, who, reading in some volume, long since out of print, the secret hint and dull suggestion, forces by the principle of mind over matter, what is reaped by generations as a benefit of countless worth.

The use of water as an agent of titanic power or a mild persuasive, never-yielding laborer, is most instructive in its deeply philosophical deductions. For the windmill whose most mighty sweep and useful ends, which are uncertain as the variation of this curious method of time-saving theories, the water wheel is ever ready to respond and work on with even tenor neither more nor less than man dictates. The over-shot or under-shot prove useful as the case demands, or the locality suggests. That simple law of gravity continues to move mighty cupped circumferences with their multiplied smooth cogs, thus crushing iron; rolling out the tenuated wire, and, in some instances, turning out by easy efforts sixty horse shoes every minute.* When the little stream has passed the foundry and busy village; fed the workman's cattle and secured a competency for the rudest journeyman; it still moves on with playful ripple till the genial rays of sunshine purity call up its vapors to the fleecy clouds where it remains in dreamy listlessness till needed for descent upon some lofty region, when again it follows out the laws of nature and pursues its course with gentle murmurings.

In ancient times the aqueduct formed some of the most noted works of mighty Emperors. Cognizant of the vast power of water, when confined to lonesome duties, it became the business of those persons, who secured to city privileges the great blessing of a purest beverage, to protect surrounding neighborhoods from too great overflows of liquid strength.

The Aqua Marcia, in length some sixty miles, displayed the genius of a master mind† when Roman power breathed above subjected forces. Agrippa's baths derived much comfort from the celebrated Aqua Virgo; and the Aqua Claudia, about 46 miles long, will be remembered by the student of antiquity, with feelings of astonishment and emotion of a pleasurable character.‡

* Burden's Factory, Troy, N. Y.

† Frontin., de Aqueduct: Plin. H. N.,—Dion Cass; Vitruv., viii. 3, 1.

‡ Smith, Dict. ant.; Becker, Handb. d. Rom. Alterth.

According to Prof. Anthon's lucid work,* "when all the aqueducts were in operation, the quantity of water must have amounted to 50,000,000 cubic feet." The strictest supervision of such useful and most needful works must have proved no sinecure to the circuitores, tectores, castellarii, villici and silicarii, all subservient to the respected præfecti aquarum. These mighty agents of vitality were esteemed of more importance to the public welfare than the much loved pursuits of war, or the most fascinating arts of peace.

Surely, if the gifted Lamb could say, with truth, the city's parks are its vast lungs; with equal strength, in metaphorical allusion, might we call the High bridge, near New York, with its many pipes and flowing health, the inhabitants' thoracic duct, carrying nourishment to those of feeble constitution and life to the exhausted.

The toggle-joint, employed by workmen, is possessed of countless benefits, and by mysterious principles involving the parallelogram of forces, brings about the happiest results: the steam-press is all-powerful in its purposes—this vapor of water being most accommodating. The lever-press can perform the labor of many men, according to the position of the fulcrum and the length, etc.; but the acme of force, the resultant of exhaustive power, the product of a multiplied and never-yielding influence, is only to be found in the hydraulic-press. By it cannon are most surely tested, and commodities confined within the smallest space. As another proof of the sublime power of water, when an earthly being seeks to confine it to a mercantile existence, a reservoir but *one inch wide*, that is, with the capacity to hold a column of water one inch wide and some fifty feet high, would require as thick walls and demand as careful masonry as if the building were erected to contain a mile square of water with its countless millions of gallons, that is, if it be of the same depth. The simple example of the glass tube one hundred feet high, containing a column of water, and poured into a barrel already full, bursting it, though strongly made, at once explains the phenomenon.

Huge rocks have been torn asunder by the mere insertion of a few wedges left exposed to the weather. The first rain is absorbed by the pores of the wood, and, expanding, an incredible force is displayed, wonderfully energetic and successful as to practical results. Powder, no doubt, would do as much, but the gradual pursuasion of the swelling properties of wood accomplish the desired end more surely, and with less risk of breaking off what was not deemed necessitous.

While molten lead contracts when cool, obedient to the laws of heat, water after reaching the depressing temperature of 28°, its smallest limit, expands accordingly, and when the freezing point has been obtained, just 32°, many a vessel, be it glass or iron, has been fractured by this immense power. The philosophical experiment of dropping oil into a pool of water, and its consequent spheroidal shape, produces much of import to the strict deducer of important fruits from little seeds of thought. The rotundity of shot and the utility of water in arresting its formation are of vast importance in a scientific way, to him who seeks to prove the shape of earth, the magic form of matter as created out of chaos.

Of all the methods employed for the purpose of determining the specific gravity of solids, not excepting the assistance obtained formerly from Nicholson's areometer, since the volumetric assay, and graduated cylinders of recent date, F. Mohr, a man of genius and peculiar skill, has arrived at the conclusion that the simplest is to measure the volume of water displaced, whereas, before, it was the custom carefully to weigh.

As an additional proof of the power of water, in the shape of waves, masses of rock weighing nearly ten tons have been heaped up by the agency of storms, etc., some sixty-two feet above the sea.*

Professor Tyndell, whose imagination is only equalled by his beauty of thought, has expressed the following sentiment relative to the phenomena of waves:

"When the tide advances over a sea-beach on a calm and sunny day, and its tiny ripples enter at various points the clear, shallow pools which the preceding tide left behind, the little wavelets run and climb and cross each other, and thus form a lovely chasing, which has its counterpart in the lines of light converged by the ripples upon the sand underneath. . . . By the action of interference its surface is sometimes shivered into the most beautiful mosaic, shifting and trembling as if with a kind of visible music." Such suggestions to the poetic mind place man upon a footing far above

* Roman Antiquities—Aqueducts.

* Thomas Steveson's (C. E.) Communication to the Royal Society.

the details of a sublunary life. By entertaining meditations of this character, we rise to that pure sphere where we meet, with grateful feelings, a responsive tone in the works of Tieck, and cherish thoughts that exist as rarely as true virtue!

The deep-sea thermometer* reveals most curious facts connected with the temperature of depths and effects of air and light on what is found above the surface of the watery world. In treating of the causes of cold on high mountains, M. Martins remarks that the radiation of mountains is much greater when covered with snow, particularly above where there exists any melting process.† Flocculent snow, however, does not seem to possess this property. With reference to the mechanical theory of heat, again, we find that, in connection with the relations of heat and work, the investigations of Mr. Joule, of Manchester, would be as nothing were the friction of water not included in his investigations. "Joule's Equivalent," for various thermometric scales, in English and French units, cannot fail to be suggestive:

1 English thermal unit, or 1 deg. Fah. in 1 lb. of water, .772 foot-pounds.

1 centigrade deg. in 1 lb. of water, 1389.6 foot-pounds.

1 French thermal unit, or 1 centigrade degree in a kilogramme of water, 423.55 kilogramme-metres.

It is only by the accumulation of such data, and the thorough digestion of equally important statistics, that we learn how to adapt our frames to the endless variety of conflicting elements and conducive principles. Even as regards the separation of the heat and light of the sun's rays in the *eye*, J. M. Janssen,‡ as a result of his experiments, proves conclusively, that *all* the rays of heat are absorbed before they reach the retina—two-thirds by the cornea, and the other third by the *aqueous* humor."

In the analysis of induction sparks, M. Moncel, of France, found, by careful investigations, that on plunging one of the "rheophores" into water, and if the discharge were taken through the fluid, the "luminous atmosphere exhibited singular corruscations."

A most remarkable theory has been maintained by M. Perrot, of Paris, relative to the earth's annual motion, which is far more interesting than the pendulum experiment of Mr. Foucault, or the more complicated labors of M. Fitzeau. A bucket is suspended in the air. A small hole in the exact centre of its bottom is made; water is then poured in, and a minute quantity of powder strewn on the surface, for the purpose of detecting the course of the current. The careful originator of this interesting experiment ascertained that the current followed the curve very much to the right of a straight line, such as would be found to be the case were the earth standing still. Founding his premises upon these facts, M. Perrot asserts that the earth's rotation may be discovered by watching the course of rivers. Invariably the right bank is pressed upon.

To those enamored of the subject of capillary attraction, the views of Mr. Sorby, relative to the movements of fluids in porous bodies, suggest even electrical phenomena, almost paradoxical in their character. It has been ascertained, in Germany, that ice one inch and a half in thickness, will bear the weight of a man; three inches and a half, a detachment of infantry; four and four-tenth inches will support the passage of eight pounders; five and two-tenth inches, twelve pounders; eight inches, twenty-four pounders, and twelve inches, almost any resistance from above.*

Science has made rapid strides of late respecting the laws of light, electricity, and heat, but the views of Dr. Scott Alison, before the Royal Society, "on the intensification of sound through solid bodies by the interposition of water between them and the distal extremities of hearing-tubes," afford surprising proofs of its value as regards assisting man in clearly demonstrating all the necessary waves of sound as found among the works of learned men concerning the acoustic principle. The phonoscope and hydrophone unfold a store-house to inquiring students. The figures produced by sound, as acting upon water in a vessel, are of a certain size and shape, according to the intensity or pitch.†

Few facts exist that seem more subtle in their nature, more excentric in their composition, than the many different opinions of variously learned men relative to the wave-line theory, that is, the question as to what "became of all the water which a ship removed out of her way?"‡ The following table concerning "the

* The newest is that devised by W. Scott, of England.
† Annales de Chimie et de Physique.
‡ Academie des Sciences.

* Annual of Scientific Discovery, 1861.
† Poggendorff's Annalen.
‡ See J. Scott Russell's Communication before the British Institution of Naval Architecture.

velocity with which the travelling wave moves, and which is found to depend entirely on the depth of the water," may prove of interest to nautical observers:

At	3 feet	deep	the wave	travels	6 miles	an hour.
"	5	"	"	8	"	"
"	7	"	"	10	"	"
"	10	"	"	12	"	"
"	15	"	"	15	"	"
"	20	"	"	18	"	"
"	30	"	"	20	"	"
"	40	"	"	25	"	"
"	50	"	"	30	"	"

To be Continued.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 445.)

Gun-Shot Wounds.—In the order in which we have arranged the subject of wounds, those termed "punctured" and "lacerated" would follow "incised;" but, as both these forms are seen under the head of gun-shot, we shall thus treat them. By gun-shot wounds, we now comprehend all wounds received during the time of battle, made by the projection of hard bodies, the greater part of which are musket-balls.

The causes which produce such wounds, are bodies propelled by gun-powder from engines of an infinite variety of construction and names, which are destined to throw bombs, bullets, balls, or shot. All such bodies travel nearly as quick as light, and more rapidly than sound, so that the shot is received before the explosion is heard.

Their direction is such that the diagonal drawn from the point of departure to the point of their fall, and the parabola which they describe, are so much the greater in proportion to the extent of space over which they travel. This is owing to two principal causes: first, on account of the resistance which the ball meets with on the part of the air; and secondly, on account of the earth's power of attraction. Rounded bodies, such as balls and bullets, at the end of their course revolve upon themselves, or, in other words, upon their axes, and can, for some time, keep themselves in their curvilinear motion.

The consequence of which is, that, as soon as they meet at this distance any body of equal form, they pass over its entire periphery, and, of course, must produce effects different from those which take place when they encounter it at the very onset of their career, and in their original direction. This subject is well understood by the scientific billiard player, and can, on the board, be beautifully illustrated.

Bombs and grenades are spherical bodies of iron, hollow inside, and filled with powder, or a mixture of gun-powder and other materials, the explosion of which bursts their parietes, reducing them to pieces, differing in shape and size, and presenting, most always, irregular cutting edges, with angles of more or less sharpness. The balls are of three kinds, either two and two, united by a bar of the same metal, or by a bar of iron, and are termed bar-shot. The grooved rifle and its hollow cylindro-conic ball are, at present, interesting all military nations, especially our own, owing to its preventing the rotation of the ball, and thus giving greater accuracy to the aim. It is of interest to surgeons, in consequence of the laceration produced by it upon the human body, as well as the injury it inflicts upon bones, splintering or sinking into them, frequently rendering amputation or resection necessary. Balls, also, are of different calibres, varying in weight from half a pound to five hundred pounds. The musket, rifle, and pistol balls are made of lead. The Mamelucks and the Arabians, according to the observations of Larrey, force an iron wire of more or less thickness through them, which converts them into chain-shot, or they leave attached to them the pedicle which they have acquired in the bullet-mould; they also combine with their lead, stones, iron, and copper, in order to render these bullets more destructive.

There are likewise wad and powder wounds, the ball or bullet driving before it into the body, pieces of clothes, leather, money, wad, &c. Gun-shot wounds are characterized by nervous perturbation. It will be found that the bravest man when hit by a ball or bullet will sometimes run like a boy, or weep like a child; this is nervous excitement which they cannot control. It is stated that Gen. Scott, when wounded at Lundy's Lane, wept, but still he was brave enough to take Vera Cruz. Another form of this nervous excitement will be seen when rank after rank will leave the battalion to

relieve nature of an excessive secretion. This is also the case in duels.

Appearance of Gun-shot Wounds.—This will depend upon the shape, velocity, distance, &c., of the missile, and the position and situation of the part wounded. The wound of entrance is a contused one; its edges are inverted, and surrounded with a blue areola, this blueness arising from the congestion of superficial capillaries. In some cases, when the weapon is near, the powder is driven into the wound, and produces a stain. This, as a medico-legal matter, is important, as by it we can tell sometimes where the person was standing when shot.

The wound of exit is a lacerated one, having its edges everted and torn. The difference in the form of the wound is explained by a law in physics; bodies passing from a rarer medium (the air) into a denser (the body) push it before it, or from a denser into a rarer, break the parts before them, therefore, by the kind of wound, we can determine the direction of the ball.

Of the Pain of Gun-shot Wounds.—Some of the books on military surgery affirm that gun-shot wounds produce no pain. Guthrie says they are intensely painful. In one instance, in a case of wound in the abdomen, it required sixteen grains of opium to relieve the pain; in another instance of a shot through the muscle, in which no large vessel or nerve was torn, there was but little pain. If, however, nervous cords are torn, tendons or aponeurosis lacerated, or pulled from their attachments, or the ball or bullet pierces the bone, such gun-shots wounds cannot fail to cause a great amount of pain and agony.

Hemorrhage in Gun-shot Wounds.—Bleeding in gnn-shot wounds is usually slight, but they are apt to be complicated by ecchymosis or an infiltration or effusion of bloody fluid into the cellular tissue; this takes place in consequence of the rupture of a blood-vessel, chiefly venous, more or less deeply situated. The simple enlargement of the wound will sometimes remove this, or the application of scarified cups, if there is no wound or solution of continuity. If, however, a large vessel be wounded, blood, as before stated, will well out with each pulsation of the heart; the wound, in such a case, must be enlarged, so as to lay bare the arteries and apply the ligatures; if there is much retracted, include the cellular tissue, and even the muscular fibre, but, if possible, draw the artery out by the forceps or tenaculum, and then apply the ligature. This latter, if practicable, should always be preferred, but never let your patient bleed to death because you cannot get the artery free.

To find the Direction of Gun-shot Wounds.—Place the parts as nearly in the same position as when the wound was inflicted. You may have obtained the wound of entrance, and also of exit, and still the ball may remain in the body, this is done by the ball splitting in two pieces, one remaining by coming in contact with cartilage, bone, &c., while the other part passed out. There may be but the wound of entrance, and no foreign body in the wound; for instance, a ball strikes against the cartilages of the ribs, imbeds or indents them, but their resiliency forces it out again.

When bullets are driven with force, and strike the human body in their original direction at no great distance from the point of their departure, they perforate, lacerate, and even carry the parts off entirely. If, on the contrary, they are near the termination of their career, or are spent, they revolve upon themselves without changing the elastic or membranous coverings which yield to their impulse, while the subjacent compact or fragile parts are ruptured, lacerated, or broken. To these circumstances is due the fact of many sudden deaths, which were in olden times attributed to the pressure of air displaced and agitated by the ball, (called the wind of the ball.)

If the ball is of large calibre, it will carry away, and unequally cut off the limb. If the ball is small, and strikes only the fleshy part, it will pass through it; if large, this alone is torn off, leaving the bones denuded. As soon, however, as it meets with any obstacle in its way, the ball changes its form and direction, and makes several turnways and windings, and becomes lodged in either the most elevated or the most oblique part of the limb.

Treatment of Gun-shot Wounds.—The first thing to be attended to, is the constitutional treatment, to allay the nervous prostration and perurbation by warm wine and water, aromatict spirits of ammonia or brandy. The next rule according to Larrey, is "commencing with the dressing of the most simple and least important injury, to proceed with that of a more serious one, and so in succession to the most important, more particularly if this should require a

painful operation. The reasons for this method of proceeding is that if a beginning were made with the last wound, the patient might be seized with syncope after the operation, which would render it necessary to postpone the dressing of the other wounds; or perhaps, frightened and fatigued by the greater or lesser intensity of the pain, he might decline any further assistance; whilst on the other hand, the cares bestowed upon the more trifling wounds being less painful, and encouraged by it, has not near so much to dread the treatment of the more serious ones."

Where no foreign bodies are to be removed, the dressing of the gun-shot wound requires a simple slightly tonic and compressive treatment. To accomplish which, a linen rag or piece of patent lint with holes in it, is soaked in camphorated water, or sweet oil, or even in salt water, in which there is a small portion of the solution of the acetate of lead, with or without a solution of opium. This should be immediately applied, and the parts secured by compress and roller, taking care that the pressure of the bandage employed be uniform.

Osteo-Carcinomatous Tumors.

By Jas. E. Garretson, M.D.,

Of Philadelphia.

DISEASES OF THE MOUTH—CONTINUED.

This paper, which relates to cancerous growths proper of the jaws, concludes our consideration of tumors of these bones.

In my last paper I referred to various tumors, differing as species are concerned, agreeing as to a general classification, and which I tried accurately to describe, giving to them, as a basis name, Osteo-Sarcoma, and which great class of tumors, I succeeded, I trust, in relieving of some obscurity.

The class we are now to consider—the heterochte—is one which has been equally divided and sub-divided, specified and synonymed with the preceding—so much so indeed as to elicit from most authors a confession, as to the confusion which renders any proper and simple description almost impossible.

Much thought on the subject, and not a little experience, especially clinical, has suggested to my mind that there is in reality but a single cancerous affection of the jaw, or perhaps I will be better able to make myself understood, if I say two; all peculiarities, modifications, and associations are but pathological features developed by age, or circumstances in the one or the other of these general classes—so that, if I am right in this tenure, when I describe one or at best two conditions, with their associations, I shall, for all practical purpose, have told all that need necessarily be known for the general guidance of the surgeon. I think so at least.

Carcinoma is a word gotten from the Greek, "καρκινος," signifying a crab. According to the classification of Fische, which it suits our purpose to adopt—it applies to a family of diseases which embraces the different forms of cancer.

Osteo-carcinoma is a term then, which I will adopt to apply to any truly cancerous tumor of the maxillary bones—it embraces the two species which I have said are the only malignant growths found associated with these parts. These species are the types medullaris and scirrhus.

Scirrhus of the maxilla is an unfrequent condition—a quite rare disease. Medullary matter is the pathological feature which characterizes the mass of the carcinomatous tumors of these parts. So constant, indeed, is its presence, that it would scarcely be amiss, to say that medullary disease is the only cancer of the jaws.

I suppose I have, in the course of my observation, met with two decided cases of scirrhus of the maxillary bones, both being associated with the superior jaw; certainly I have not seen more than two cases. The disease when it presents itself similates in many features—it differs, however, in having associated with it a marked cachexia, in having no distinct sepation from surrounding parts, and in being attended with sharp and lancinating pains.

It appears first as a hard mass, a little lump perhaps, associated with the integuments, moveable for a time, but soon becoming fixed, and implicating all the surrounding parts, "casting out its claws," as the people have it. If, after amputation, a scirrhus mass is bisected it is found to resemble, in its stroma, the substance of a turnip. "The hardness of scirrhus," says Mr. Paget, "when compared with that of other tumors, is in most cases extreme; it is about equal to that of fibrous cartilage, and is associated with a corresponding rigidity, weight, and inelasticity. A characteristic appearance is a slight concavity assumed by these

tumors on section, and which, as remarked by Mr. Paget, belongs to no other tumors." It differs again on section from the sarcomatous tumors, in having no distinct grain or fibrous plan of structure."

In microscopic structure it varies still more markedly; its cells being not constant, but heteroclite. Scirrhus, like medullary carcinoma, tends, but much more slowly, from the occult to the open stage.

With these few remarks on scirrhus, which will serve at least to exhibit that I am not unaware that such form of cancer does occasionally exist in the jaws, we will pass to the medullary form, and which I will now assume is the carcinoma proper, and peculiar of these parts.

Miller has, however, several sections on malignant diseases of the maxillary bones, and which he considers under the heads osteo-cephaloma, osteo-carcinoma, osteo-melanosis, and osteo-cancer. Against these subdivisions I shall not take the liberty to object. The reader must judge for himself whether or not they are only one and the same disease, with modifications.

Our subject can, I think, be divested of much obscurity, if at this point we stop for a single moment to consider the meaning of certain terms, which long usage have so associated with cancerous conditions, that I am sure they must, years ago, have gotten beyond the meaning originally intended for them.

Take for example the term fungus hæmatodes. I have used it several times in this series of papers. It is a term used freely—and loosely—by surgical writers, and is generally accepted to mean most malignant cancer. I do not say that every reader and every writer does not known that such an application is unjust, I only say almost universal acceptation make it mean cancer. Let us analyze the term. It is made out of the Greek roots αἷμα, signifying "blood," and εἶδος, meaning "appearance,"—of bloody appearance—any and all granulations being of bloody appearance, are, therefore, fungus hæmatodes. If, however, it was meant to be applied strictly to pathological features, we might employ it learnedly to express the common proud-flesh of an adynamic ulcer.

Writers use it as a synonym of medullary cancer, but when they describe fungus hæmatodes, they get a condition and not a principal. They might, with the same propriety, use the word suppuration as a synonym of inflammation. Fungus hæmatodes is a phenomenon, as suppuration is a phenomenon, as pain is a phenomenon, attending a cause. Such a manner of describing disease cannot but confuse the student, and make our nomenclature unreliable as a source for finding expressive terms: terms that shall be patent to the scholar everywhere and under all circumstances. Thus, Mr. Hey, who was the originator and maker of the term fungus hæmatodes, employed it as the representative of the open state of medullary cancer; it certainly well expresses the phenomenon, but has no more special meaning. Alibert calls all the hæmatocies by this name, and as they are all of bloody appearance, certainly he is justified in so expressing himself. Dupuytren employs the term in describing the erectile tumors. While Graafe presses it into service in describing the "Telangiectasiæ." Thus, as a first example, we see that there is no peculiar disease of the jaws which can be called fungus hæmatodes. We do not, however, eschew the term; we cannot do without it, as it represents a feature.

Let us take a second term. I instanced Miller's fourth classifictaion of cancer of the maxillary bones—the osteo-melanotic. Now, the term melanosis refers to pigment, and signifies black or colored structure. I will not say that Miller errs in this classification, but I will simply note down what Mr. Paget says concerning these colored cancers:

"The melanotic or melanoid cancers are,(says Mr. Paget,) according to my experience, with very rare exceptions,medullary cancers modified by the formation of black pigment in their elemental structures.

"On this long-disputed point, there can, I think, be no reasonable doubt. I have (he says) referred to a case of melanotic-epithelial cancer, (see his lectures on Surgical Pathology, page 582;) but with this exception, I have not seen or read of any example of melanosis or melanotic tumor in the human subject, which might not be regarded as medullary cancer with black pigment."

Here, I think, is exhibited, quite satisfactorily, the fact, that the classification is an unnecessary, not to say an unjust one; that the deposit of pigment is not the disease, but merely an accidental feature. May I not then be permitted to suggest that the term, in the special sense used by Miller, may be dropped without detriment to nomenclature.

The osteo-cephaloma of Miller is medullary cancer.

Osteo-Carcinoma. — I have given the derivation of this word, and exhibited its character as a noun of multitude.

Miller, in his classification, thus writes:— "Osteo-carcinoma is comparatively rare; when it does occur, it is usually as a secondary symptom of malignant cachexy—the primary indication of which has been the formation of carcinoma in the soft parts."

If, in this classification, Miller is compared with other authors, his meaning will be, indeed, difficult to make out. I am sure that, for my part, I do not know what kind of cancer he alludes to. If he had not so specially classified the disease, I would suppose that he meant the same as Fuchs; but then carcinoma, as Fuchs employs the term, and as we here follow him, is not a very rare condition; but, on the contrary, unfortunately is of most frequent occurrence. I would ask, then, if it does not seem that this class of Miller's may also justly be ignored?

Osteo-Cancer.—This is another classification. It is used to represent a malignant ulceration of bone. The only objection I would urge against this term is, that it seems to me as making an unnecessary class, for it would seem hardly probable that ulceration, under any circumstances, could justly be described as a primary lesion. If, then, it is a secondary condition, it is only a phenomenon, and can have no claims to special classification—the disease, or rather condition, would be carcinoma in a state of ulceration, and it seems to me that, if we should describe it as ulcerating carcinoma, we would give it all proper signification, while at the same time we should have one less of these special phrases.

Synonyms.—To these, when learnedly made, no objections, perhaps, may be urged; so many names for one thing is, without doubt, confusing to the student; but, then, this is a matter which time and study make familiar to him, and, more than this, reasonable and proper.

I would have my reader, then, infer that if, in the study of malignant diseases of the jaws, he will agree with me to throw entirely aside the unjust nomenclature which so surrounds the subject, and with me approach the study upon general principles alone, that he may, from a single stand-point, at one glance take in the whole of his subject.

And, first, to return to what I have alluded to as the persistent type—medullary matter. This form of carcinoma is named from its resemblance to brain substance. Its synonyms are many, generally good, but a little confusing when associated with degenerating sarcoma; but on this point I hope my reader is sufficiently fortified.

I have remarked that one classification made by Miller of the cancerous tumors of the jaws is osteo-cephaloma; this I said was a synonym to medullary, meaning the same thing. I have said, too, that, with an exception mentioned, the medullary type is the only form of carcinoma of the maxillary bones. Now, in Mr. Miller's book is a comparison which he has drawn between osteo-sarcoma and osteo-cephaloma; the comparison is in ten counts—if the reader will closely scan them, he will truly have his subject in a nut-shell.

1. Says Mr. Miller, osteo-sarcoma is seldom found prior to adult age. Osteo-cephaloma may occur at any period, and is as frequent in the adolescent as in the adult.

2. Osteo-sarcoma is usually attributable in its origin to external injury. Osteo-cephaloma is most frequently of spontaneous origin.

3. Osteo-sarcoma is slow and gradual, and more or less uniform in its growth. Osteo-cephaloma is much more rapid, and tends to enlarge unequally, growing chiefly at those points where there is least mechanical resistance.

4. Osteo-sarcoma usually is almost, and sometimes altogether, painless, unless when some nervous trunk or plexus is compressed; osteo-cephaloma, from the first, is attended with severe lancinating pain.

5. Osteo-sarcoma is firm, and yields but little to the touch; even rude pressure is scarcely painful; an obscure crepitus is often felt. Osteo-cephaloma is soft and elastic, from an early period; the shell of bone, and all other remains of the original texture soon becoming merged in the medullary formation. It is elastic, and affords no crepitus, when an original tumor, and pain is aggravated by compression.

6. Osteo-sarcoma entails but little disorder of the general health. Osteo-cephaloma is attended by marked cachexy even from the beginning.

7. A casual abrasion of the skin, or mucous membrane investing an osteo-sarcoma, shows a simple character, and may be brought to heal under ordinary treatment. A similar breach in the surface of an osteo-cephaloma does not

heal, but widens more and more, and becomes the site of fungus protrusions.

8. Osteo-sarcoma does not invade the neighboring tissues, but pushes them aside by its expansion, and abides within the bone in which it was first developed. In the upper jaw, for example, it remains limited to the expanded confines of the antrum, and at those points where the bony and ever membranous parietes are deficient, there is no ulceration followed by fungus protrusions, but only a moderate increase of growth in a lobulated form, with or without a rawness of surface. Osteo-cephaloma, on the other hand, pushes no texture much aside, but early involves all; the antrum is soon passed beyond, and the base of the cranium is affected, even before much appearance has been made externally. Whenever deficiency of the investing texture occurs, ulceration and fungus growth are sure to follow.

9. Osteo-sarcoma long continues in the occult condition. Breach of the surface, when it does occur, does not extend rapidly, and evinces no malignancy of character. The discharge is purulent or puriform, not profuse. There is no tendency to hemorrhage, unless by accidental injury, and then it is slight, and easily restrained by pressure. Osteo-sarcoma soon passes from the occult to the open state. The ulcer spreads and is obviously the seat of malignancy. Discharge is profuse, fetid, and bloody. Hemorrhage is not unlikely, of spontaneous origin, and little amenable to control.

10. Osteo-sarcoma does not spread, either by contiguity in the tissues, or remotely by the lymphatics. Osteo-cephaloma does both; at an early period the lymphatics are manifestly and hopelessly involved.

Let the reader not forget, however, the tendency of sarcoma to pass into carcinoma, and that there is not, unfrequently, in the history of the former, a period in which it is difficult to say whether the simple or malignant structure predominates.

Practically, says Mr. Miller, it is of the utmost importance that we should be able to distinguish between osteo-sarcoma and osteo-cephaloma, each is not of unfrequent occurrence, and each requires distinct rules of treatment.

Osteo-sarcoma admits of operation till a late period; its extirpation may be fearlessly attempted, with a good hope of success, even after the tumor has an enormous bulk, and experience has fully shown that the operation, though it may be bloody and severe, yet seldom terminates but in a fortunate issue. A case figured in his surgery, page 426, in which an operation resulted in a permanent cure, would seem to encourage procedure against any such growth.

Osteo-cephalomatous tumors are, on the contrary—I would speak my experience if I were to say—not at all amenable to treatment of any kind. Miller thinks they might be operated upon successfully at an early period, but I must say I never knew one cured. This assertion implies, however, that the diagnosis has been correct—there are so-called medullary cancers cured every day by the most brazen quacks. Cancerous deposits are so evidently the work of systemic conditions, that when you remove a part containing the local disease, you seem to have but exposed channels, which are engaged in bringing to the bulk fresh materials—you cannot get beyond the disease, all adjoining parts are more or less infiltrated with the materiæ morbes.

"I entirely differ, says Mr. Hancock, from Mr. Stanly and Mr. Liston, that medullary sarcoma commences in the antrum of Highmore, and extends backward to the pterygoid processes; but, on the contrary, from what I have observed, I firmly believe that the disease commences in the cancellated structure of the body of the sphenoid bone, and bones at the base of the cranium; and that, however early we may perform the operation, we never succeed in eradicating the mischief, which is sure to return at a longer or shorter period according to circumstances."

It strikes me that if Mr. Hancock had only for one moment considered the constitutional relations of cancer, he need not have been in dispute with Mr. Liston or Stanly; for my own part, I know that medullary disease does begin in the maxillary sinus, for I have met such cases, and so also may it begin, as its localization is concerned, almost anywhere else about the body; the tumor is not the disease, but only the local expression of it.

But, however this may be, I quoted Mr. Hancock's expression, only as it is indicative of a general experience of the difficulty of getting away even all, of what is, apparently, the local disease; and how could it be otherwise, seeing that the tumor is not encysted, being an infiltration as it were.

What is to be done in this disease? I can only answer, let every man use his own judgment. We know the history of the disease, that it tends to ulceration and the fungoid con-

dition; that it becomes so offensive as to make the patient disagreeable not only to his friends, but also to himself; that it is associated with the most unbearable pains, etc. We may be justified in operating for a two-fold reason; first, that we may give to our patient temporary relief; second, in the hope that re-appearance may be in some internal situation rather than the site of removal; thus at least putting out of sight a disgusting mass which it can be of little or no use, to have under manipulative control.

There are, however, general indications, which should always be taken into consideration, and which, being met, may possibly result in good to the patient.

1. As the disease is due to, or accompanied by a perversion of nutrition, an effort should be made to remove any derangement in the nutritive organs, whilst the general health should be built up by the use of tonics and alteratives.

2. To remove or check the local irritation.

3. To continue the constitutional treatment through all stages of the disease.

4. To operate early, if the disease presents such conditions as may be deemed sufficient to justify an operation.

5. To select such means for its removal as will be likely to produce the least irritation.—Smith.

Prof. Smith thinks the greatest amount of good is to be gotten from the chalybeates. He recommends Vallet's mass in doses of from five to ten grains three times a day. In one case, he says, in which he was consulted with a view to operating, and declined on account of the rapid progress of the disease, he suggested the use of Vallet's mass conjoined with the application of the powdered carbonate to the sore, and the patient lived for eight years without the disease having made any very great progress. Justamond, of London, says Dr. Smith, gave from sixty to one hundred and twenty grains of the ammonio-chloride per diem; while Carmichael, of Dublin, expresses himself as having derived much benefit from washing ulcerated scirrhus with a solution of sulphate of iron.

Sulphate of zinc is an admirable local application. A remarkable case, exhibiting its value, is presented in the person of an old woman who has been a habitué of the University of Pennsylvania for the last several years. The local use of this preparation of zinc keeps the disease completely in check. I remember the old woman myself, for at least four or five years. She does not get well, but she certainly does not grow worse.

Chloride of zinc, and solutions of the salt, are favorite preparations. I believe if it were possible to cure a cancer by local means, that chloride of zinc would prove the most powerful antagonist we could bring against it. Its power to arrest phagedenic conditions is wonderful. In chancre, for example, I should scarcely think of using anything else—the medicine has more than a cauterant property; it is peculiarly alterative. If the tip of a pine stick is dipped into the deliquesced salt, and in this state applied to a chancre, you will get for yourself a perfectly healthy ulcer in a week at the farthest. I have often converted these specific into healthy ulcers in three days—chloride of zinc judiciously applied to any indolent, irritable, or bad ulcer, will almost at once change its character.

Concerning the use of this agent in cancer, we have many commendations, particularly from European surgeons, but, as can be readily understood, no where in the range of its application is more judgment required for its proper employment than here, for it is a cauterant, a stimulant, an antiseptic, an alterative. Dr. Zweriner, of Vienna, relates a case of cancerous ulceration of the septum nasi, which threatened to destroy the whole nose. One grain and a half of the salt of chloride of zinc, he says, was dissolved in one ounce of distilled water, and the scabs being removed, the sore was pencilled over several times a day with the solution. At the end of a fortnight, a healthy granulating surface was found underneath the thick crust which covered the sore, and this being occasionally removed, and the solution re-applied, it cicatrized in five weeks.

Mr. Tuson has published some new cases to show the value of certain preparations of chlorine in cancerous affections. In one case which he publishes, there was an extensive cancerous disease of the right breast and neck, which was treated unsuccessfully for a long time, till a paste was applied made of one part of chloride of zinc and three of flour; this was well mixed and moistened with water, and then applied over the whole of the ulcerated parts. The zinc was also given internally: half a grain was ordered every morning in a wineglassful of caraway water. The chloride of zinc paste

was applied again, and when the slough separated the ulcerated surface healed kindly.

The cancerous disposition continued for some time, and the dose of the metal was increased to three-quarters of a grain, and continued for three months. The improvement, although very striking, was not permanent, as the patient suffered a relapse, which ended fatally. The case, however, was sufficient to show that the treatment had made considerable impression on the disease, and especially in healing the open cancer, which Mr. Tuson has found to be the result in several other cases.—*Braithwaite.*

A plan which I have adopted in some recurring growths, and with most satisfactory success, has been the amputation of the tumor, skin and all, and then laying in the wound cotton saturated with the chloride of zinc in solution. In the case of a young lady having a small tumor over the trachea, and which had returned after three removals, I adopted this course with complete success.

The great suffering associated with carcinomatous diseases make necessary the free use of opiates, both locally and systemically. Stramonium, belladonna, aconite, opium, hamamelis, are highly commended. As much as twenty-four grains of the sulphate of morphia has been administered safely during the course of twenty-four hours.

To be Continued.

Styptics upon the Battle-Field.

By John M. Maisch, Pharmaceutist,
Of Philadelphia.

The following remarks are offered from a pharmaceutical and chemical point of view, and may, perhaps, differ from the views of a surgeon to a certain extent. I will remark here, that it is not my province to make suggestions for the proper treatment of gun-shot and similar wounds, but that I merely desire to speak about what the pharmaceutist is able to furnish in case the field-surgeon feels the necessity of arresting profuse bleeding.

Though bleeding of wounds may occur frequently in the ordinary practice of the physician, there is undoubtedly no place where it can be observed and studied oftener than upon the battle-field. The attention of the surgeon is here claimed by wounds of a slight and of the most fearful character on every part of the human body, from the head down to the foot, and inflicted by all sorts of weapons, from an ordinary knife and a pistol ball, to a sabre and the fragments of an exploded shell.

Whether or not it is desirable in all cases to arrest the bleeding before the removal of a ball or of the splinters of a bone is attempted, I know not; but it is at least very frequently desirable before the attempt is made to dress the wound properly. This object may be arrived at in two ways: either by the ligature of the ruptured artery, or else by the application of some foreign body.

Independently of the difficulty occasionally experienced in getting a sufficient hold of the blood-vessel previously to tying it, the time consumed by this operation is usually more than a surgeon can afford, when many others claim a like share of his attention; want of time, therefore, requires him to forego this mode, and rather have recourse to the second way, that of applying some foreign substance.

Mostly, I should judge from the limited experience I have had, reliance is placed on simple bandaging, perhaps with a suitable compression hurriedly made; but besides the bandage, the substances used for this purpose may be of a twofold nature; they may either act as absorbents—and then their action is merely mechanical—or astringent or a styptic—and then their action is chemical. In both these latter cases the ejection of blood is arrested by its coagulation, and the ultimate object of all mechanical and chemical styptics must therefore be a rapid promotion of its tendency to assume the solid form.

It is well known that the presence of a large amount of oxygen, of atmospheric air, increases the coagulability of the blood, and I am of the opinion that a number of what may properly be called mechanical styptics, merely act in this way—namely, mix the blood with a sufficient amount of oxygen. If some lint is gently pressed upon a bleeding surface, the fibres will readily absorb the blood, and when drawn up by capillary attraction, it constantly comes into contact with fresh portions of atmospheric air, in proportion to the very considerable extension of its surface. This circumstance alone will promote the coagulation, and the tendency is increased by the presence of the numerous fibres, the separation of solid bodies from their solutions being always accelerated by the presence of solid substances, and particularly when very angular or irregularly pointed.

Porous bodies have the power of absorbing a

large amount of gases, among which is, of course, a corresponding proportion of oxygen, if they have been exposed to the atmosphere. This alone will explain the coagulation of blood by substances like spunk, the prepared inner portion of boletus igniarius, though another circumstance must here be considered, exercising, undoubtedly, an influence not to be overlooked, namely, the expansion of spunk in consequence of its absorption of oxygen, and the pressure which it must necessarily exert upon the rupture of the blood-vessels.

Sponge acts in a precisely similar way; but inasmuch as its pores are much larger than that of spunk, it is unable to condense upon its surface so much oxygen, and it consequently when used for absorbing blood, brings the latter in contact with air by spreading it over a greatly extended surface; but in absorbing a liquid, the pores of sponge are filled by it, and a corresponding quantity of air is actually displaced, so that blood, while at first coagulating from the effect of the contact of oxygen with its thin layer, soon presents to the influence of air merely a liquid column, the solidified surface of which is forced upward by the pressure of the blood exuding from the blood-vessels. For these reasons, if sponge is used as a styptic, it must be in the dry state, free from moisture. In this condition it has condensed in its finer pores the largest amount of air, and when becoming moist swells up, and by the pressure it may thereby exert, will be apt to close the blood-vessels and stop their discharge.

Penghas-whar-jambi, — the interesting substance with that barbarous name, derived from a Cibotiune, a fern of Java, consists of thread-like, shrivelled cells, through the walls of which the blood is absorbed, causing simultaneously an expansion of the whole cell. It is possible that simply by this diffusion, the fibrin of the blood may pass into the insoluble state, and that by this action in connection with the influence of oxygen over an extended surface, the exuding blood is sufficiently coagulated to arrest bleeding, though much of the effect is undoubtedly due to the enlargement of the cells, and the consequent pressure upon the ruptured vessel, inasmuch as the simple application of the loose substance has comparatively little effect, and as it has the desired result in the shortest time, if it is rolled together and applied with a gentle pressure. The explanation by many physicians of the modus operandi of these paleæcibotii is that of a simple filtration, whereby the blood is deprived of its fluid portion, leaving the corpuscles behind in a mass. It is most likely that all these causes combined lead to the great activity of this last-mentioned hemostatic, and that filtration exercises its influence likewise in the other cases. It is certain, however, that all the substances named, together with some others popularly employed, like the web of the common spider, act mechanically, and are entirely or nearly destitute of soluble constituents, or of bodies which exert a chemical influence on blood.

Passing over to those styptics which act chemically, we may divide them into those of organic and inorganic origin. The former, almost without any exception, act by virtue of the tannic acid they contain, and are among the crude drugs chiefly represented by galls. Though we find tannin in most of the living plants, there are but few vegetable products, which in their crude state might be considered fit for arresting hemorrhages, and these few are confined to the natural orders of polygalaceæ, (rhatany,) leguminosæ, (catechu, etc.,) rosaceæ, (tormentilla, etc.,) polygonaceæ, (bistorta,) and cupuliferæ, (oak.) Of all these, galls is best adapted for the purpose, on account of containing about 50 pr. ct. of tannin; the pure tannin, that principle of galls and the other astringent vegetables, on which their activity depend, is preferable.

Tannin and the inorganic hemostatics produce a coagulation of the blood, by forming insoluble compounds with the albumen, and it is probable, likewise, with the fibrin dissolved in the serum; the suspended blood corpuscles are enclosed in this precipitate, the bulk of which is thereby considerably increased. If we remember that albumen forms insoluble compounds with the oxides of most heavy metals, the inorganic bodies useful for this purpose are at once pointed out, and it follows as a matter of course, that soluble basic metallic salts are most appropriate for this purpose, inasmuch as on combining with the albumen, no or but little acid is set free, which, when present, in larger proportion, might tend to redissolve some of the precipitated albuminate.

The true cauterizing agents, like nitrate of silver, chloride of zinc, etc., are apt to proceed a step further, and destroy the albumen and other organic bodies, forming insoluble compounds; on account of their being used most generally in the dry form, and because of their

ready solubility, their action is very decided and quick, but likewise circumscribed.

Of the other inorganic compounds, which by coagulating the albumen, act as hemostatics, those of a poisonous nature might have a dangerous result, and are for this reason scarcely used. Such are the salts of copper, lead, mercury, etc. Mostly employed because free from poisonous qualities, and very decided in their action, are the salts of iron, any of which may be used, though with a difference in the result, owing to the readiness with which the salt parts with its base to the albumen. This accounts for the almost instantaneous effect of the basic ferrio sulphate, which, after its discoverer, is named Monsell's salt.

It is prepared from material easily attainable everywhere; it is readily soluble, may be obtained in a solution containing nearly 50 per cent. of its weight, and may be kept in a dry state, attracting but little moisture in ordinary weather. Capable of being applied in both the liquid and dry form, of being readily extended over a considerable surface, and of being not injurious to other unruptured parts, it is particularly fitted for circumstances in which a large number of wounds of the most different kind claim the attention of the surgeon in an unusually short space of time, as is the case upon the battle-field.

There is a possibility of a wounded man bleeding to death upon the battle-field before the surgeon under the pressure of his attentions can find time to bandage his wounds. I conceive that it is in such cases, particularly where styptics might be employed with advantage until after temporary bandaging the wounds, their proper treatment might commence after the removal to the hospital; styptics would not interfere with the subsequent removal of a ball or other foreign body, but would retain a portion of strength, unavoidably lost by the loss of blood, while it is necessary for any possible subsequent operation. In cases of amputations in the open field, few assistants and little time will be allowed to apply ligatures to the various blood-vessels. Would not a powerful styptic be in its proper place here?

The question then would recur on the kind of styptic to be employed.

All those acting mechanically by division and filtration, will lose their properties on becoming more or less saturated with water, or any other liquid; even mere exposure to a damp atmosphere will impair their absorbent powers. Whatever their superiority in some respects over the chemical hemostatics may be, this influence of dampness alone condemns them, and must limit their use chiefly to the hospital. Their bulk is another objection, as is also the difficulty of obtaining the most active ones in sufficient quantity to supply the wants of a large army.

We shall have to fall back therefore on preparations which the pharmaceutist may furnish from his labaratory in any desired quantity, and there is none more adapted for such a purpose than the dry Monsell's salt, and its aqueous solution. It seems to me that every army surgeon ought to have a supply of the former for use in the field, and if it is not included in the army supplies, that he ought to prepare a sufficient quantity, as every place where a fire can be built, will answer, provided a porcelain capsule or a well enamelled kettle is at hand. It may even be considered a question of importance, whether it is practicable to furnish each soldier with a small quantity of this salt, to be used by him for stopping hemorrhage previous to the attendance of the surgeon. One ton of this salt would be more than sufficient for supplying each individual in the army with the requisite quantity.

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The Journal of the Franklin Institute says M. Coste, of Paris, has discovered that water reservoirs, in order to preserve their contents wholesome, ought to be protected against heat and light. He found that the exposed reservoir killed all his young fishes. *We wish it would do the same at Fairmount.*

[*Quere:* If it *does not*, does it not prove the fallacy of M. Coste's conclusion? But would the water be "wholesome" in which fishes could not live? Then why does our scientific cotemporary append such a remark in italics?]

A New Disease lately made its appearance at Brest, in France, consisting of the deposit of a black pigment on the lower lid, which was rubbed off with difficulty, and soon reappeared. Some of the cases were brought before the Academy of Medicine, and the Hospital Medical Society. By the latter, strong doubts were expressed as to the reality of the disease, and after a patient and skillful examination, it was ascertained that the ladies (for almost all those affected with it were women) used a preparation of lamp-black to give their lids that appearance, thus deceiving M. de Mericourt, one of the most distinguished physicians of that city.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.

THE NEW ANÆSTHETIC—KEROSOLENE.

A few weeks ago we called attention to this article, and gave a summary of Dr. H. J. Bigelow's paper upon the subject found in the *Boston Medical and Surgical Journal*. In July last Dr. Dickinson, of St. Louis, presented a can of the fluid to Prof. E. Andrews, of Chicago. Dr. Andrews says (in the *Chicago Medical Examiner* for August): "This fluid is a hydrocarbon of the series obtained by distillation of bituminous coal. It appears to be the most volatile of its class, having less specific gravity than ether, and seeming to be about equally volatile. The odor is but slight, and in kind resembles that of other coal oils. Dr. Bigelow, of Boston, states that it is as tasteless as water, but this is an error, as it has a distinct, though not strong flavor. On the whole it is much less pungent, both to taste and smell, than chloroform and ether.

It has been my opinion for some years that all the volatile hydrocarbons were anæsthetics, including coal gas, which latter I have proved by experiment.

Prof. Andrews put the anæsthetic powers of kerosolene on trial at once. That trial was not encouraging. Though the patient seemed to take it with comfort and ease, yet when the anæsthesia began to come on slight convulsions ensued. The agent was intermitted, and then its inhalation resumed, and the convulsions were three times manifested at about the same stage of the anæsthesia.

From the trials thus far made it would appear that the kerosolene does not promise any advantages over either ether or chloroform.

Since writing the above, other papers have come to hand that must in some measure modify the opinion just stated. In the *American Medical Times* for August 10th, Dr. Ephraim Cutter, of Woburn, Mass., has an article upon the subject. Having experienced its effects in his own person, he says: "The writer has experimented upon himself and others. In my own case it was given to me by my friend and student Mr. S. W. Abbott. I remained under its influence full half an hour twice. Perhaps four ounces of the kerosolene were consumed in each trial. The first impression is sudden, powerful, and pleasant. Almost immediately I passed into a state of pleasurable insensibility, which at no time was perfect. At least there would be responses to the pricks of a pin, and the muscles were not quiet—although afterward I had no recollection of any such thing. The pulse and respiration were not much altered from their normal rate, the face was rather pale. At the first trial Mr. Abbott states that I travelled about and grasped the napkin on which the kerosolene was found, with my teeth, so strongly that he could hardly get it away. The stimulus of the vapor penetrated the whole frame, even to the tips of the fingers. No unpleasant effects have been experienced from the two experimentations, except a slight headache, which I think may be due to the presence of the adventitious kerosolene.

As you breathe the vapor you seem to float away into a wavy maze, with a sense of complete loneliness. There appears to be but one object in the universe, and that object is yourself. On recovery the first thing seen is deemed the next only existence in the universe. It takes some little time to regain all the faculties." Since the above was written Dr. Cutter has taken the article again. "The insensibility to surrounding impressions was complete, although the eyes were not closed. Pinches and pricks of a pin were unnoticed." Dr. Cutter concludes from the foregoing experiments that "it is proper to infer that kerosolene is a very fit article for further experiment."

In the *Boston Medical and Surgical Journal* for August 22, the subject is further considered. Dr. Joshua Merrill says: "In all cases which have come under my observation, those persons who have inhaled it rapidly recovered when brought to the open air; in from ten to fifteen minutes perfect restoration ensues, and the men are able to resume their employment." . . "In conclusion, if I have brought to your notice a cheap and *safe* anæsthethic agent, my object has been accomplished, leaving to the Society those experiments necessary to establish its value, or otherwise."

In the same journal, and on the same occasion, before the *Boston Society for Medical Improvement*, Dr. H. J. Bigelow concludes his remarks thus: "If this is an anæsthetic of the character it seems to be, at once effectual, agreeable, tasteless, without subsequent flavor or odor, it will supersede ether; and it has certainly, at this moment, a remarkable air of promise." With these remarks we leave the subject this week, but shall try to keep our readers thoroughly posted in regard to the matter.

MORBUS COXARIUS—SPLINTS, ETC.

In our *Summary*, for July 20th, we referred to the splints of Drs. L. A. Sayre, H. G. Davis, and E. Andrews. Remarking upon Prof. Andrews' splint, we said we did not see how he secured immobility of the hip-joint, and asked

the Professor to inform us. In the *Chicago Medical Examiner*, for August, he complies with this request, and says: "In reply to this I would state that immobility of the joint *after excision* is not desired, because the object sought is a ligamentous union of the cut extremity of the femur to the ilium. In cases not requiring excision, immobility would be desired, were it attainable without the confinement of the patient, but this is impossible. Neither Davis' nor Sayre's splints attain it, nor can any other which allows the patient to walk about freely. Slight motion of the joint when it is firmly extended is of but little consequence. When no splint is used, the patient at each step brings the whole weight of the body to press and grind on the inflamed head of the femur, hence the pain and the real mischief which result from attempts at walking in such instances, but if a good splint is applied, the head of the bone is kept drawn a little off from the acetabular surface, and the weight of the body does little or no harm, as is evident from the fact that the patients no longer suffer from it. The great merit in the splints of Drs. Davis and Sayre is not in aiming at immobility, but in taking off effectually all pressure from the joint. Probably my splint allows a little more freedom to the limb than theirs, but I have yet seen no injury from it.

I think that my splint presents one advantage over the others, dependent upon the fact that it transmits the weight of the person directly to the ground. In Sayre's method, the weight is transmitted from the lower end of the instrument, through adhesive straps, to the skin of the leg or thigh, and thence through the foot to the ground. Now, as the skin is elastic, it yields a little at each step, and relaxes the extension, and hence, in some cases, it is difficult to tell whether a part of the weight is not still borne by the inflamed head of the femur. In my splint, I place the patient in a standing posture, and extend the instrument until the heel, in stepping, no longer presses the bottom of the shoe. I fear that Dr. Sayre's recent improvement, in which he uses a shorter splint, and applies his adhesive straps to the integument of the thigh, will be still more liable to the objection above mentioned, from the elasticity and mobility of the skin."

We do not propose to introduce a comparison between the several splints before the profession. We certainly hope each will save much suffering, and save to the afflicted a useful limb. It may be proper to observe that the introduction and manufacture of Dr. Sayre's and Dr. Andrews' splints are divested of all quackery. We believe this cannot be said of all splints before the profession.

On a former occasion, we have alluded to Dr. Sayre's improved splint, referred to above by Dr. Andrews, and, in our *Summary* for August 10th, we alluded to the fact that Dr. C. F. Taylor, of New York, claimed to have originated this improvement. As we supposed at the time, this claim is probably unfounded, and the honor of the improvement, if such it proves to be, probably belongs to Dr. Sayre.

OVARIOTOMY IN A PATIENT SEVENTY-FIVE YEARS OLD.

In the *American Medical Times* for August 10th, Dr. E. P. Bennett, of Danbury, Conn., reports a successful case of ovariotomy, performed upon a patient seventy-five years old. Anything concerning this operation is replete with interest to us, because of associations and circumstances unnecessary to detail, and we shall make no apology for the following extract:—"I made, as I usually do, a small incision, not over two inches in length, and exposed the sac, which I punctured with a trocar, and discharged its contents. I then passed a strong thread through this portion of the sac, drew it out until another cyst presented itself, which I also proceeded to puncture, and so continued, until I emptied seven or eight sacs of considerable size, when I succeeded in drawing it all out, tied it with a double ligature, and cut it off. I closed the wound with the silver suture, and dressed in the usual manner. She has recovered without any mishap, and is now able to walk about, enjoys her food, and is, in all respects, comfortable and happy. The fatal error, in my opinion, in regard to this operation, consists in surgeons still continuing to make large incisions through the peritoneum, and handling too roughly the abdominal viscera. This is entirely unnecessary, by proceeding in the manner above stated; if there are adhesions, you will find them, and generally they can be broken up with the finger, so that the large openings are entirely unnecessary and extremely hurtful, and, when abandoned, I feel quite confident that ovariotomy will come to be a successful operation, and the prejudices of the profession against it will cease. It has been recommended in this operation to do away with ligatures entirely, and use the écraseur, but I would not be willing to trust it. I do not look upon this new instrument with much favor, any way; on the whole, I would call it a decided retrograde in surgery; where I would not go with my knife, I would not, as a general rule, go at all. Although this lady had decided symptoms of organic changes in the heart, she took chloroform with impunity. I presume she is the oldest person on record upon whom the operation has been performed."

Dr. Bennett does not tell us whether or no he fixed the *pedicle* in the wound, and thus secured an external escape of the discharges consequent upon suppuration of the pedicle beyond the ligature. We think this should be done

where and whenever possible, and thus the peritoneal textures are protected against the irritation of suppurative discharges.

The subject of ovarian diseases and ovariotomy, is one upon which we would like to bore our readers with a long article; but, for the present, we must withhold the infliction. We believe the time is coming when these suffering fair ones—patient under suffering and want of hope—will stand as fair a chance for life and happiness, as the man whose thigh may require amputation. We leave this subject to be resumed hereafter.

FRACTURE OF THE SPINE WITH DISPLACEMENT, ETC.

In the *Berkshire Medical Journal*, for May, Dr. Timothy Childs reports a very interesting, and in some respects unique case of fracture of the spine with displacement—the patient lived *fifty-two years* after the accident and then died of double pneumonia. The accident by which the spine was fractured occurred in 1804—the patient falling *forty feet*, "striking the frozen ground upon his back and hips." . . . "A careful examination showed *depression* corresponding to the *twelfth dorsal vertebra*. In short, the patient exhibited the usual symptoms of fracture and dislocation of the spine, with compression of the medulla." In due time, and under treatment, the patient became comfortable, and died in August, 1857. "During this period, (fifty-two years,) though perfectly paraplegic, he married, had six children, and by his energy and industry amassed a little fortune for his family."

At the post mortem, "The injury was found to consist of fracture, with displacement of the twelfth dorsal vertebra, and *below this point the cord was completely atrophied*." The case from its uniqueness is well worth quoting entire, for which, however, we have not room, but shall try to give the main points.

"I have said that the loss of both sensation and motion was at first complete below the site of the injury, and the *line of demarcation* was well defined. Within a year, however, *sensation* gradually returned to the front of the abdomen, the front of the scrotum, and the front of the thighs, down to within two and one-half inches of the knee-joint, and extending about half way round the thighs. At the same time the power of the extensor muscles of the leg, ('quadriceps extensor cruræ,') was recovered. This corresponds exactly to the distribution of the anterior crural nerve, its cutaneous branches bestowing sensation upon the integuments on the front and sides of the thigh, and its muscular branches supplying the 'quadriceps.' Says the patient, 'At the time of the injury, this insensibility passed nearly straight around me, but I soon perceived that sensation was gradually passing down in front. This at first was quite inconsiderable, and continued, though with less and less progress for nearly a year, when it had reached to within two or three inches of the knee, upon the top of the thigh, and the sensation was nearly complete upon the abdomen, and half-way down the thigh, as well as more than half-way around it, and I had acquired so much power in the muscles upon the top, that I could move and raise and draw up my legs upon the bed; whereas, at first, I could not even move them as I lay, but they appeared perfectly paralyzed and inactive—as much so as those upon the under side, which were then and still remain perfectly senseless, inactive, and useless. The sensation upon the abdomen is, I think, quite restored to its former state, even to the groin, as well as to the root of the penis and scrotum, from which it extends outward a little.'" The patient said of himself, as quoted by Dr. Childs: "I have frequently cut, burned, bruised, and injured them (my legs) in various ways without knowing it, till I discovered the wound by sight; and some ten or fifteen years ago I fell and broke both bones of the right leg entirely off, about four or five inches below the knee, and knew nothing of it till I attempted to get up, and I found it to swing about like a leather strap instead of keeping its place. I immediately took my bed, sent for a surgeon, had it bandaged, splintered, and dressed in the usual manner, and after lying on the bed with it the usual time I again got upon my crutches, and walked about with it as usual, without having experienced, during the whole time, the least sensation in it any more than in the crutch that I walked upon."

The alvine evacuations were uniformly in the form of dry and small scybalæ, and were removed, through all these many years, by mechanical means. Fortunately for the patient's peace of mind, he had no doubts of the legitimacy of his six children. Dr. Childs also had no doubts upon this point, as the children strongly resembled the father, and the mother always sustained an excellent character.

The Touch Cure.—A singular superstition exists in the northern provinces of France, that a person who is struck by lightning and not killed, possesses a miraculous power of healing by *touch* for a period of about forty days. A correspondent of the *Lancet* says that a little girl, eight years of age, at the village of Aubigny-au-Bae, was recently struck by lightning, but escaped with some trifling burns on the abdomen and legs. As soon as the news of the accident and escape transpired, all the lame, blind, and diseased of the vicinity flocked to her to be touched.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, SEPTEMBER 7, 1861.

MEDICAL TEACHING THE COMING WINTER.

As the time approaches when the medical schools usually begin their regular winter sessions, we shall soon know what effect the distracted state of the country is going to have on medical teaching. With that large class of professors, who hold their chairs more for the love of teaching, the honor of the position, or, as a stepping-stone to obtain private practice, than for any actual emolument resulting from the sale of tickets, this will be a matter of compatively small consequence, as the main objects expected to be gained by holding the chair are attained, whether the classes are large or small. But, there are some professors, especially in the schools in our larger cities, whose main dependence for a livelihood is on the income they derive from their chairs. With these it will be a matter of considerable importance if this department of education should, in common with many of the business interests of the country, be prostrated.

It is true, there are influences that will strongly tend to diminish the classes the coming winter. First, and we think chiefly, the Southern supply of students will be, to all appearances, almost, if not quite, cut off entirely. The schools, whose patronage was derived principally from the Southern States, will, therefore, be likely to suffer most. Then the depression of business, and consequent scarcity of money, and the fact that many students have probably enlisted into the army, will operate to effect a still further reduction in the size of the classes. And, finally, the prevalent feeling in the schools that the classes will be small, which seems to have paralyzed them to a certain degree, so that they have not used their ordinary means of securing students, will inevitably tend in the same direction.

But there are, on the other hand, some influences which will have a bearing the other way. The exigencies of the times are calling into the public service, on land and sea, between one and two thousand surgeons in the United States service. Those that are taken from private practice to supply this want, will most likely be persons of intelligence, and who were successfully engaged in practice in the communities in which they resided. Their places will need to be filled. Besides, there will be constant drafts on the profession to supply the demands of the Government. Then the ordinary law of supply and demand will require that the ranks of the profession be recruited, certainly to the extent of two per cent. of the whole number of physicians—say 25,000—in the States with which communication is uninterrupted. On the whole, we do not see but the wants of the country will require fifteen hundred or two thousand physicians next spring, and this number of graduates from the different schools ought to be the basis of very fair, not to say full classes the ensuing winter. The enormous expenditures of the Government, the immense agricultural yield of the past season, which finds a ready market at home and abroad, the revival of business, and the gradual adaptation of the country to the existing state of affairs, will have the effect of preventing as much stringency in the money market as has been anticipated by some. We shall not, therefore, be surprised if the different medical schools of the country should have very fair classes the coming winter.

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EDITORIAL NOTES AND COMMENTS.

Homœopaths in the Army.—Two homœopaths are announced as appointed to the positions of Assistant Surgeons of Volunteer regiments formed in this city. These appointments are by the authority claimed by colonels of regiments, which, being mustered directly into the service of the United States, are not under State control, and their medical appointments do not come under the medical department of the State of Pennsylvania, and they are not supplied with instruments, etc., from the State.

If these appointments are confirmed, the responsibility will rest with the medical department at Washington. The medical authorities there say that they examine all who go to Washington. If so, the examination, judging

from the character of some who have retained similar appointments, must be a farce, behind the scenes of which, political or military tricksters control medical appointments. The manner in which the Government at Washington has managed some of the business of medical appointments in the army is more flavored with the stink of small politics than redolent of the honest air of science.

One of the homœopaths alluded to, who is now about to go to Washington with a regiment, presented himself before the last session of the Examining Board of the Medical Department of the State of Pennsylvania, and was *rejected.* The medical authorities at Washington, when informed of the public announcement of this same individual as an assistant surgeon of a regiment about to be mustered into the United States service, replied that the matter had been referred by the Surgeon-General, to the Medical Director of the Military Division in which the homœopath was supposed to be serving. This reference of the affair looks as if it were with the object of merely shifting the responsibility to irresponsible parties.

CONSULTATION WITH HOMŒOPATHS.

In the last issue of this journal we presented some comments on Mr. Fergusson's attempt to justify his course in holding professional intercourse with quacks. It is hoped that these remarks coincided with the general sentiment of the profession of this country in relation to the ethics of professional consultation. The medical profession can only treat with the amenities of professional courtesy in consultation, those who hold allegiance to its ethics as in spirit expressed in the code of the American Medical Association; avoiding the practice of any exclusive dogma, and acting honestly as the medium of science in its application to the amelioration of human suffering.

Another letter from Mr. Fergusson has been published in the last received weekly number of the *Lancet*, and we at once give Mr. Fergusson credit for his new resolution, and promise not to be guilty of a continuance of his reprehensible conduct. We would give him more credit if his letter was an open avowal of error, and indicated a repentance for past improprieties, but it is evident, from its wording, that the distinguished gentleman was more influenced by *outside pressure*, in changing his determination as to conduct, than by an honest conviction of having done wrong. He merely declares that in deference to the general feelings of the profession he will change his course of conduct in reference to consultation with quacks.

It is to be regretted that the fame of one, whose scientific reputation is so exalted, should be blemished by a disregard for those ethical rules, which bind the profession in a close allegiance, and make it present an impenetrable front against the entrance of quackery in any form.

Mr. Fergusson's letter is appended:

To the Editor of the Lancet:

Sir: The explanation I offered in your journal of the 20th ultimo, regarding my alleged communion with homœopaths, not appearing satisfactory to the profession, I beg to state that *for the future I shall feel it incumbent on me to decline any meeting, or so-called consultation, with homœopathic practitioners.*

Enjoying a large share of professional confidence, and holding various important public appointments, I should consider myself unworthy of such honor, were I, at the present time, to offer any objections to the expressed wishes and declared opinions of my professional brethren.

I am, sir, your obedient servant,

Wm. Fergusson, F. R. C. S.

George-street, Hanover-sqaure, Aug., 1861.

The Medical Department of Pennsylvania College.—In our notice of this institution last week, we committed an error in attributing the resignation of the faculty to a misunderstanding with the Trustees of the *parent* institution in regard to the expenses of the building. The difficulty was with the *Board of Trustees of the Medical Department in this city* who control the property.

We trust that this faculty will be re-organized with as little change as possible. This has been an efficient college, and is deserving of eminent success.

HEALTH OF THE TROOPS AT ALEXANDRIA, VA.

Dr. C. E. Halsey, Assistant Surgeon of the Fortieth (Mozart) Regiment, N. Y. S. V., stationed at Alexandria, Va., under date of Aug. 29th, writes:

"During the past week, but seventy-five names have been entered on the sick list, and a maximum of those were cases of a mild character, requiring little treatment. A number have been quite aggravated, such as dysentery, diarrhœa, rheumatism, typhoid, and continued fevers. Also a few slight injuries,

one snake-bite, etc. Ten patients have been sent to the general hospital, Georgetown.

"Rainy days, two; winds, light; thermometer, 74° mean; nights, cool."

The healthy condition of the regiment he attributes to the well-chosen grounds for encampment, and also to the strict sanitary rules enjoined.

A Washington Correspondent, a few weeks ago, made the following very appropriate observations on one effect of camp life on our volunteer soldiery: "One good result of this war will be observed in a new physical development of the slender American type of mankind. Following close upon the inception of the demand for muscular reform, here comes a great national crisis, calling hundreds of thousands of our youths away from the sickly shop and office to such a course of gymnastic and hygienic training as could never be artificially imitated, since it involves for the time a complete change of life and purpose. Whoever inspects the perfect physical condition of the sixty thousand volunteers here stationed, will see that the majority of them — the chances of war set aside—are securing health that will not only strengthen and prolong their days, but course through the systems of their descendents, even unto the third and fourth generation."

Correspondence.

A CASE OF VARIOLOID,

Somers Point, N. J., Sept., 1861.

June 11th, 1861, I was called to see Mrs. H., who was supposed to be in premature labor. She had been ill two days, and, continuing to grow worse, had called for medical aid—complained of violent pains in her back, which extended down into the extremities; great restlessness and severe headache. Her female attendants, thinking to afford her some relief, had applied sinapisms the entire length of the thighs. Perceiving that her pains were not those resulting from labor, I left her a solution of morphia, to be taken at intervals, indicated by her pains, in connection with veratrum viride, to quiet the heart's action. The following morning found her easy, and covered with an eruption, which proved to be varioloid.

The usual course of treatment was pursued, and all went on well—the injudiciously-applied blisters being the chief annoyance. The chlorate of potash proved very beneficial to the mucous surfaces. Upon the seventh day from the attack, the eruption began speedily to dry up, so that by the end of the eighth but very little remained; on the tenth, a new crop, fewer in numbers, but much larger than its precedent, was ushered in without any premonitory ymptoms, save a slight headache. The disease was communicated to her by her husband, a sailor, on a visit home, who was entirely ignorant of the existence of the disease in his own person. He had felt somewhat indisposed a few days previous to his coming, and a few pustules made their appearance in his hair, which the wife punctured upon his arrival. The period of incubation, in this case, was fourteen days.

The only object of any interest, which is claimed in the above case, is, that it is another instance of the occurrence of a "second crop," which fact seems to be doubted by some writers.

J. B. Somers.

Vermont, August 31, 1861.

Messrs. Editors:—You will hardly expect many items of medical news from the quiet agricultural Green Mountain State, and yet I question whether there is any locality where some facts may not be gathered which will interest the thousands of readers of the Reporter. As everywhere, so here the "war" is uppermost on the minds of everybody, and "What is the news from the seat of war?" is a question I have been oftener asked than I could answer. Indeed, that question is vastly easier asked than answered—such is the complete surveillance under which the news-carriers are now placed. Speaking of war, reminds me to say that Dr. S. J. Allen, of White Run Junction, has been appointed Surgeon, and Dr. Willard A. Childs, of Castleton, Assistant Surgeon of the Fourth Vermont Regiment, now organizing for the war. Dr. Childs occupied the same position in the First Regiment, which has just been discharged, and his reappointment is not only a compliment to himself, but a rebuke to the surgeon who was his associate in that regiment.

Dr. William P. Russell, of Middlebury, has also received the appointment of Surgeon, and Dr. Henry C. Shaw, of Waitsfield, that of Assistant Surgeon in the Fifth Regiment. These are all excellent appointments, and will do honor to the State and to the profession.

A letter from Capt. Drew, of the Second Vermont Regiment, who is a prisoner at Richmond, Va., states that he owes his life to Dr. Kennedy, of New Orleans, who, when he was suffer-

ing terribly from cramp in the stomach, accompanied with vomitings, kindly took him to a hotel instead of to the hard floor of a prison, where he could not have lived twenty-four hours. Such instances of sympathy among those whose business it is to alleviate the woes of humanity are not unexpected, but are worthy of record in these perilous days.

The mania for quackery in this region, is again raging. It seems to be periodical in its attacks. A few years ago, Thomsonianism overran this portion of Vermont, as well as other States. Having run its race, it disappeared, leaving behind it a long train of evils, which time and the skill of the regular practitioner had done much to remedy. The people were rife for whatever "new thing" might appear; and when the "negro doctor" dropped down in their midst, the quack mania revived in all its former vigor. The lame, the halt, the blind, the sick, with all manner of diseases, flocked to this new pool of Siloam. The "doctor" had visited the London hospitals, (as subwaiter, perhaps,) had practiced with the best physicians of the country, (as groom, probably,) and there was no disease he could not cure. Indeed, under the magic influence of his touching and rubbing process, the soothing effect of his "thongs," one of his favorite prescriptions to excite the muscular and nervous systems, those who had been bed-ridden for years, went walking and leaping away from the pool, chanting the doctor's praises. The "news" flew on the wings of the wind, and the "whites" are all agog to pay tribute to the "negro." From all quarters, the sick, and those who fancy themselves sick, rush in, until two "hospitals" are now filled. All are certainly to be cured. Strange to say, some die; but this only proves the efficiency of the treatment pursued, and of the remedies given, but offers no check to the enthusiasm awakened in the doctor's behalf. Some are cruel enough to insinuate that "he" knows nothing about medical science, (and they are probably correct;) and some say he disappeared in a mysterious manner from his last place of abode; but others are quite sure he knows everything, and, besides, his manipulations in the examination of his patients are quite agreeable and soothing, and so the tide sets yet strongly in his favor. The "negro doctor" is all the toast. He has performed no *permanent* "cure" that is wonderful, but he holds out to all the glittering bait of hope, and distressed, afflicted humanity, is always eager to grasp it.

Green Mountain.

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Monument to Larrey the Elder.—The Emperor of France, has, by a recent decree, authorized the erection at Tarbes, the native place of Larrey, of a statute of the celebrated Surgeon-in-chief of the armies of the first Empire, of whom the first Napoleon was wont to speak as "the most honest man he had ever known."

NEWS AND MISCELLANY.

Soldiers' Rations.—The following statement has been published by the Commissary General:

Office Commissary-General Subsistence, Washington, Aug. 19, 1861.—From the numerous letters which have been referred to this office, complaining of the *want of food*, and the *bad quality* of that furnished by the Commissariat to the volunteers, I am led to believe that a brief statement of the truth may give satisfaction to the public mind.

Before the action of the last Congress, the ration (used by the army for many years) furnished to the volunteers was as follows:

¾ pound of pork or bacon, or 1¼ pound of fresh or salt beef; 18 ounces of bread or flour, or 12 ounces of pilot bread, or 1¼ pound of cornmeal.

To 100 *Rations.*—8 quarts of beans or pease, or 10 pounds of rice, or 140 ounces of dessicated potatoes, or 88 ounces of dessicated mixed vegetables; 10 pounds of coffee; 15 pounds of sugar; 4 quarts of vinegar; 1¼ pound of adamantine candles; 4 pounds of soap, and 2 quarts of salt.

This ration has been found, by long experience in the regular army, to be ample.

Congress, by an act of the last session, increased this ration, until it is now as follows:

¾ pound of pork or bacon, or 1¼ pound of fresh or salted beef; 22 ounces of bread or flour, or 1 pound of pilot bread.

To 100 *Rations.*—8 quarts of beans, 10 pounds of rice or hominy, and 1 pound of potatoes, three times a week, or a substitute therefor; 10 pounds of coffee, 15 pounds of sugar, 4 quarts of vinegar, 1¼ pound of adamantine candles, 4 pounds of soap, and 2 quarts of salt.

Extra issues of molasses are occasionally made.

This ration, if cared for, and properly cooked, is *more than can be eaten;* and this ration *the Government is ready to furnish.*

The method of procuring it for the regiments is simple:—Each Captain of a company makes to his Colonel a return, stating the number of men in his company, and the number of days drawn for, signed by him. These company returns are consolidated by the regimental Quartermaster, and signed by the Colonel. This return is an order on the depot or Brigade Commissary for that quantity of stores; and it is the duty of the Regimental Quartermaster to see that he receives the full amount, and that it is all of good quality.

When the stores reach the regiment, it is the duty of each Captain to see that his company receive their due, as drawn for by him on his return, and that the quality is good.

If the regimental Quartermaster and Captains attend to their duty, the men *must* receive their full allowance as set forth in the ration above, and not an article but of good quality.

The Government has on hand ample supplies of the very best quality, and is desirous of doing full justice to the volunteers. If the volunteers do not receive, the fault is that of their own officers.

J. P. Taylor,
A. C. G. Sub.

Surgeons appointed by the Governor.—The following appointments of Surgeons and Assistant Surgeons have been made by Governor Curtin:

Surgeons.

Dr. E. W. Bailey, New Bloomfield, Pa.
" N. F. Marsh, Honesdale, "
" Wm. H. Gobrecht, Philadelphia, "
" C. F. H. Campbell, " "
" Samuel G. Lane, Chambersburg, "
" John H. Fromberger, Bristol, Bucks Co., Pa.
" R. M. S. Jackson, Cresson, Cambria Co., Pa.
" A. B. Meylert, Scranton, Luzerne Co., Pa.
" W. S. Woods, Pittsburgh, Pa.

Assistant Surgeons.

Dr. J. H. Sheetz, Dale, Berks Co., Pa.
" E. Donnelly, Philadelphia, "
" J. B. Finney, Harrisburg, "
" J. W. Lyman, Lock Haven, "
" J. F. Huber, Lancaster, "
" James R. Reilly, Harrisburg, "
" W. C. Rodgers, Norristown, "
" J. P. Vickers, West Chester, "
" H. S. Colson, Philadelphia, "
" Ambrose J. Herr, Strasburg, "

Brigade Surgeons.—The following is the official list of Brigade Surgeons appointed under the new law, after examination by the Medical Board. The date of appointment is August 3, with all but the last five: George H. Lyman, Massachusetts; F. H. Hamilton, New York; Henry S. Hewett, New York; J. H. Brinton, Pennsylvania; John A. Lidell, New York; John C. Dalton, Jr., New York; Geo. Suckley, New York; Henry Bryant, Massachusetts; P. W. Ellsworth, Connecticut; Luther V. Bell, Massachusetts; S. W. Gross, Pennsylvania; David Prince, Illinois; A. H. Hoff, New York; W. H. Church, New York; Joseph W. Freer, Illinois; Rufus H. Gilbert, New York; J. E. Quidor, New Jersey; Charles McMillan, New York; Charles O'Leary, Ohio; J. G. F. Holston, District of Columbia; A. B. Campbell, Pennsylvania; J. V. Z. Blaney, Illinois; Thos. Sim, Illinois; J. S. Bobbs, Indiana: Peter Pineo, Massachusetts; William E. Waters, District of Columbia; O. Martin, Massachusetts; J. H. Rauch, Illinois; William B. Stuart, Indiana; N. R. Derby, Pennsylvania; Daniel McRuer, Maine; S. R. Haven, Illinois; A. E. Stocker, Pennsylvania; J. Owen, Pennsylvania; W. C. Thompson, Indiana; James King, Pennsylvania; T. Rush Spencer, New York; J. D. Robinson, Ohio; William Clendenin, Ohio; George G. Shumard, Ohio.—Total, 40.

Medical Directors.—The following appointments have been made: Surgeon Charles S. Tripler, Medical Director of the Military Department under Maj.-Gen. McClellan; Surgeon J. M. Cuyler, Medical Director of the Military Department under Gen. Anderson; Surgeon S. G. J. Decamp, Medical Director of the Military Department under Maj.-Gen. Fremont.

No Homœopathy for the Poor.—The recent attempt to appoint homœopaths, as physicians, under the Guardians of the Poor of the city, has failed.

The Voluntary Retarding of Seminal Emissions—A Theory!—A sensation book for popular reading, recently published, called the "Medical Protector," presents the following:

"By suppressing the discharge of the semen, the force of the electricity, missing its natural means of escape, is expended upon the body. The organs that used to exercise their functions, being brought to a dead stop, the pent-up electricity, generated by friction and thrown back by suppression, is expended on the nerves, organs, and machinery of the body, to their great and permanent injury, eventually destroying both health and life."

A Sanitary Museum.—An effort is being made in London for the establishing of a Sanitary Museum for the collection and exhibition of sanitary appliances.

Renunciation of Homœopathy.—Three other homœopathic practitioners of New York, emulating the example of Dr. John C. Peters, have published over their signatures, in the *Medical Times*, a renunciation of their faith in the doctrines propounded by Hahnemann.

Improvement in the Illuminating Power of Gas.—Mr. Shepard, civil engineer, has introduced a scheme for raising the illuminating power of ordinary coal gas, by making the gas pass over coal naptha contained in a chamber adapted to the supply-pipe; the gas thus gets charged with hydro-carbons, and burns with greatly increased brilliancy. It is said that by the use of this invention fully one-half the quantity of gas commonly used may be saved without losing light, whilst it is easy to raise the illuminating power of poor gas from that of nine or ten candles to twenty. This method of raising the lighting value of a given quantity of gas promises, in our opinion, to be of service beyond merely economizing it. In the use of gas for domestic lighting, it will be no small advantage to be able to diminish the serious sanitary objections arising from the generation of injurious products of combustion.—*Lancet.*

The Heat and Laziness.—It is an old adage, that lazy people give themselves the most trouble, and querulous people most suffering; and so it seems that people who give way the most to heat and thirst, are the worst sufferers from

both. The *Times'* correspondent at Turin after describing the hot, still, furnace-like air, stirred by no breeze day or night, says, speaking of the citizes, "to bear the heat is business enough for most men. They drag themselves at their own snails pace under the porticos, loll upon stools before the *café* shop-door, they call for more ice and iced water." But he continues, "so far as my experience goes, I think excessive heat greatly beneficial to the human frame, it must be fought, I believe, by the same weapon with which cold is overcome—by strong, manly exertion. If I give in to it, like most of my neighbors, I am soon languid, listless, and so utterly prostrate as hardly to have strength to lift the cooling ice to my lips; but if I drink wine, eschew water, take my meals regularly without consulting appetite, then move about at my usual brisk pace—take the sunny or shady side indifferently—if I determine no longer not to mind, but to despise the heat and defy it, a new life seems to rise within me. Nor am I by any means an exception, or only in so far that my battling with the summer is a matter of choice with me; but I see men splitting stones along the sunny highway, I see carters walking stoutly beside their teams, I see troops both foot and horse, marching at their wonted pace; they seem all of them as strong and merry as in December, only a little more flushed, and one may wager they are all the healthier for being somewhat leaner and lighter."—*London Med. Times.*

Deaths in London in 1660 *and* 1860.—The Registrar-General's Report for 1859 contrasts the statistics of disease, so far as we are possessed of them, of two centuries back with those of the present day. It takes 100,000 people of the London of 1660-79, and compares them with the same number of 1859. The same presents at the two different dates respectively 357 and 42 annual deaths by small-pox; 759 and 227 by fever, ague, scarltina, quinsy, and croup; 1,070 and 611 by consumption and disease of the breathing organs; 763 and 8 by dysentery; 142 and 2 by scurvy; 298 and 26 by dropsy; 1,175 and 136 children's deaths from convulsions and teething; and 86 and 17 women's deaths in child-bearing. All this decrease in modern figures is over and above the decrease which we gain when we count the deaths of the Great Plague. In one article, however—that of disease of the brain, apoplexy, paralysis, epilepsy—the older figures have the advantage of the latter, being 57 then to 151 now. It is deserving of notice that the only form of disease which has gained ground in the country is that connected with the head, which exceeds now by nearly 3 to 1 the amount of the same form of disease at the former date, as the figures above show. This is, perhaps, the result of the very civilization and mental growth to which we are indebted for the improvements in every other sanitary quarter.

MARRIED.

Martin—Balliet.—At Allentown, Pa., Thursday morning, August 29th, by Rev. Mr. Schmucker, Dr. Edwin G. Martin, and Miss Fannie S. Balliet, all of Allentown.

Hay—Bradford.—At York, Pa., on Tuesday morning, 27th inst., by the Rev. A. H. Lochman, D.D., Thomas Hay, M.D., of this city, formerly of York, Pa., and Mary B. Bradford, of the latter place.

Peter—Bigler.—On the 22d ultimo, by the Rev. John Farquhar, at the residence of the bride's father, Benjamin F. Peter, M.D., and Miss Sarah Jane Bigler, both of Chanceford township, York county, Pa.

DIED.

Pancoast.—On Friday evening, 30th August, Charles H. Pancoast, son of Dr. Joseph Pancoast, of this city.

To Correspondents.

J. E. H., Pennsylvania.—The Board of Medical Examiners of this State meet at the call of the Surgeon-General, Dr. H. H. Smith. Due notice will be given through the Reporter of the time of meeting. Tripler & Blackman's work has been sent by mail.

D. M.—The postural treatment of prolapse of the funis is simply to place the patient on her elbows and knees, then return the cord, and retaining the position until the next pain wedges the head down into the pelvis so forcibly as to prevent further escape.

E. S.—Barwell on the Joints has just been published by Blanchard & Lea. It is an octavo of 463 pages. A new and enlarged edition of I. Baker Brown's work on the surgical treatment of some affections, which are the result of parturition, has been published in London. There is no American reprint of it.

B. S.—There has been but little positive evidence presented of the galactogogue properties of leaves of the castor oil plant.

W. W. G.—The new edition of the United States Pharmacopœia is now being prepared, but the work will not be ready for issue before some time next year.

J. T. R., Wisconsin.—Tripler and Blackman on Military Surgery, has been sent by mail.

☞ In looking over our stock of Reporter's on hand, we find a surplus of some numbers, of which some of our collaborators may desire to possess the copies containing their communications. Any such who will send us their address, enclosing one dollar, shall be supplied with such number of copies as will satisfy them. First sent first served. tf.

Communications Received.

District of Columbia—Drs. J. F. Kennedy, C. G. Halsey. *Massachusetts*—Dr. B. Fearing. *Maryland*—Dr. J. W. Lodge, Dr. L. J. Evans, with encl. *Pennsylvania*—Dr. F. Scoffin, Dr. J. E. Hamilton, with encl., Drs. R. Gardiner, Traill Green, Y. S. Gardner, P. R. Wagenseller, A. J. Martin, A. B. Dill. *New York*—W. A. Townsend, Esq., Dr. C. S. Richardson, with encl., Drs. G. K. Smith, S. W. Francis. *Kansas*—Dr. A. A. Woodhull. *Ohio*—Dr. A. L. Carrick, J. A. Myers. *Vermont*—Per H. B. Cross, Drs. P. Maxfield, W. S. Hopkins, M. O. Porter, each with encl., Dr. L. C. Butler. *New Jersey*—Dr. J. B. Somers. *Wisconsin*—Dr. J. T. Reeve, with encl. *Michigan*—Dr. E. Batwell. *Indiana*—Dr. W. Dickey, with encl.

Office Payments—Drs. R. A. Given, L. H. Pease, S. H. Horner, H. W. Marbourg. Per Mr. Swaine: Drs. H. F. Sellers, Conway, Young, G. W. Hutchins.

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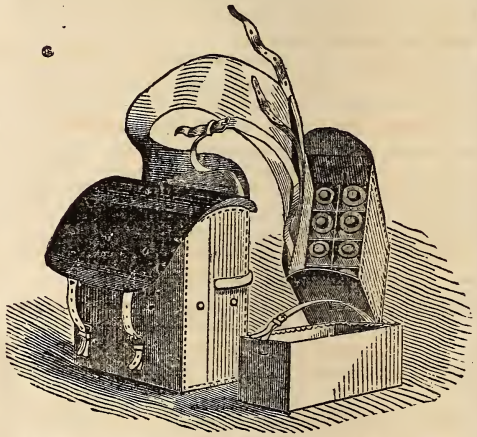

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" "	1	Mortar,	"	"	$15 50
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" "	10	½ oz.	"	" and	
" "	4	Pots,	"	"	$12 00
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" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop.	Bottles,	
" "	14	1 oz.	"	"	
" "	14	½ or.	"	"	
" "	4	Pots,	"	" and	
" "	1	Mortar,	"	"	$16 50
No. 3, containing	14	1 oz.	Ground Stop.	Bottles,	
" "	14	1½ oz.	"	" and	
" 4	4	Pots,	"	"	$13 00

y126

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 256. } PHILADELPHIA, SEPTEMBER 14, 1861. { NEW SERIES, VOL. VI. NO. 24.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

By Samuel W. Francis, A.M., M.D.,
Of New York.

(*Continued from page* 506.)

IN GEOLOGY.

The great prejudice against the subject of geology, in the minds of those not conversant with its beauties and lessons of thoughtful purport, is, in a great measure, due to their want of appreciation of the harmony of elements, their uneducated abhorrence of anything *dry*.

It now becomes my apportioned task to prove the fallacy of such ridiculous theories, and the interest involved in the structure of this spherical shell, on which we live, whose thickness is not equal, in proportion, to the surface of the egg—whose durability is certainly dependent on the will of Deity. Whether we contemplate the mighty monuments of time, review the past suggested to us by the polished pebble—gaze, with wonder, on the structure of the miner's work-house, or minutely scrutinize the conformation of some mammoth rock, we feel the deepest interest in Nature's usefulness, and experience emotions ever to be cherished by the man of heart and sentiment:

> "Are not the mountains, waves, and skies, a part
> Of me and of my soul, as I of them?
> Is not the love of these deep in my heart
> With a pure passion? should I not contemn
> All objects, if compared with these? and stem
> A tide of suffering, rather than forego
> Such feelings for the hard and worldly phlegm
> Of those whose eyes are only turn'd below,
> Gazing upon the ground, with thoughts which dare not glow?"

It is only by studying, with care and zeal, the mysterious movements of the planetary systems with the devotion of a Lescarbault, the conscientious thoughtfulness of a Le Verrier or the anxiety of a Wolff, that Nature unfolds her treasures to the busy mind, and lays bare to view the secrets of a hidden truth, the jewels of science yet in infancy. As easy is it for a Vogel to become enamored of the wonderful "plateau formation" of the Great Desert, or a Guyot to pursue, with eagerness, the vast Allegheny system, measuring for future geographical utilities its outlines, as for Magendie to experiment with minor animals relative to foul respiration, or Duchâtelet to denounce the morbific tendencies of fetid odors and half-putrifying flesh. The mind of a healthy man is ever on the point of gaining data of additional importance to the welfare of his race. And no small share is due to the great progress in this latent branch of scientific certitudes.

Whether we follow closely the recent and elaborate views of M. Rose, respecting the conditions of silica and the formation of granite, or read, with interest, the original suggestions of Agassiz and Prof. Rogers, in unison with Mr. J. D. Whitney and Col Foster, relative to the peculiarity of trap dikes—whether we study, in company with the learned Jackson and enthusiastic Hitchcock, the real origin of certain elongated, flattened, and curved quartz pebbles, or pursue, with equal zeal, the curious investigations of Mr. Farley, near the hot mud lakes and Coso-mining regions, we cannot help the feeling of astonishment and pleasure at discovering the labors of the sea, the influence of moisture, and the direct agency of water, as it wields its mighty sceptre and transforms, in cowork with the solar rays, the clay of present time into the frame of palace-splendor and the corner-stone of fame.

What can possibly prove of more interest than the formation of minerals in the humid way?* The hot springs of Plombiéres emerge

* See remarks of Dr. C T. Jackson before the Boston Society of Natural History.

exactly at the line of contact of granite and new red sandstone. We are informed that, in many of the old Roman bricks, the crystals of zeolite minerals have been found, due to the action of the mineral waters; and along the coast of the Bay of Fundy, amethyst geodes, apophyllite, stilbite, mesotype, analcime, agates, etc., in the amygdaloid, caused in the manner expounded by M. Daubrée.

It is the opinion of many of the most learned students of geology that sea-water produces important results in bringing about changes in the formation of rocks.* It is received as a certified fact that the "magnesia of the Dolomites comes from the decomposion of the chloride of magnesium of sea-water."

That the peculiar distribution of land and water, and the rising up of the bottom of the ocean materially affect the climate in different localities of the globe, cannot be denied. This has been discovered, also, by the fossil floras and faunas of the Arctic regions. Humboldt† enters minutely into the effect of the outlines of nature, and the phenomena which produce results as curious and lasting as the loxodromic line.

Colonel James and Captain Clarke, R. E., have given forth to the world instructive and useful theories relative to the "evagation of the poles," while the bold remarks of Mr. Jukes,‡ to the effect of denying that "there has been everywhere a change of climate," demand inquiry and are open to discussion. Sir C. Lyell, in his researches and declarations, has furnished sufficient evidence that "the elevation and denudation of mountains" is still going on. Professors Airy and Henesey have also maintained what must be listened to in future ages as the product of careful analysis and deep cogitation.

While pursuing the beautiful method adopted by nature for the accumulation and deposition of sedimentary matter, the part occupied by currents and seas is of gigantic dimensions. Whether it be the "rapid entombment of the trees in their vertical positions," or the "formation of a group of strata," or the result of the combined action of tides and waves on rock and sand, one and all indicate a mighty work on the largest scale, and foretell the future of many a forest now lifting up its bushy head in proud derision of submissive elements!

Karl Arenz, the able criticizer of the published labors of Barth, Overweg, and Richardson, accords to the Mediterranean much of the geographical influence upon the climatology of Italy. In the clearest manner, and with conciseness of language, he portrays the value of the various plateaus, and their peculiar interest to the observer of custom and health.

When Rogers, Bunsen, Hopkins and Thompson, undertook, by means of the most delicate tests, to establish a correct theory with regard to the temperature of the earth at great depths, besides their minute investigations relative to the heating of spermaceti, wax and paraffine, under great pressure, a proper respect and important conclusions were arrived at concerning the vapor of the earth and surrounding moisture.

In pursuing, conscientiously, the search after the drift of the Triassic epoch, Mr. C. Moore, in an interesting paper before the British Association, is forced to acknowledge his indebtedness to the finny tribe, ever ready to respond by their presence, to the student's call. While, examining carefully, in the vicinity of Frome, England, a block of stone "on a roadside heap of carboniferous limestone," he discovered, in three square yards of earth, forty-five thousand teeth of the genus Acrodus alone, including two species. Also, remnants of the Saurichthys, Hybodus, and scales of the Gyrolepsis and Lepidotus. To the deducer of past events from present realities, these facts are of sufficient import to unfold a storehouse for syllogistic reasoning and strong convictions.

When we realize that, during the first centuries of the gradual development of this mighty mundane sphere, animals, of the genus fish alone, held powerful sway, we are abundantly provided with evidence of the priority of the inhabitants of the mighty deep during the formation of a scheme as wonderful as man's organization, as comprehensive as the futile intellect can grasp while chained to dull reflections and an earthly mode of living.

A singular view of the future destruction of the world, penned some generations since, by a meditative character,* may not be amiss:

* The statements of Favre, Forchammer, Hunt, Mitscherlich, Marignac, and Sénarmont, are important to the man of philosophical deductions, while they confound the student of nature's laws with wonder at their ingenuity!

† I scarcely know how to mention [illegible].

‡ One of the Directors of the Geological Survey of Great Britain.

* Three Physico Theological Discourses, concerning—I. The Primitive Chaos and Creation of the World; II. The General Deluge: Its Causes and Effects; III. The Dissolution of the World and Future Conflagration. By John Ray, late Fellow of the Royal Society, London. Fourth edition, MDCCXXI.

"Therefore, after this manner, that Earth which now makes up the Mountains, being by the Water little by little brought down into the Cavities of the Sea, is the Cause why the Sea gradually here and there overflowed the Superficies of the Earth; and so the Globe of the Earth, by the Affusion of the Waters, will be again render'd unhabitable, as at first it was in the Beginning of the World; and the Earth and Water will return to their primitive State and Figure, in which they ought naturally to rest—wherefore, unless that Deluge were prevented by the Fire which the Holy Scriptures mention, the World would nevertheless be destroyed by Water."

Original conclusions; common sense expressions of raw geology, interesting opinions of the deceased learned!

The statements made by some of the past cogitators, though now done away with by the foot rule law of modern science, are of singular import, and afford sufficient evidence that the mind of man, whether furnished with data or not, is ever busy in portraying out-lines of truth, and unfolding the leaves of the great book of nature. From the distant period, where Hesiod, co-existent with the poet Homer, stated

"Ητοι μὲν πρῶτιστα κάος γένετ'*

and when Lucian informs his readers that:

Antiquum repetent iterum chaos omnia, etc., a fact endorsed by one† of capability, in these few words:

χάος γ' ἠκαὶ Νὺξ, "Ερεβός τε μέλαν πρῶτον, etc.

to the present moment water has formed the prominent assistant and the ever-ready agent in formations of proud hemispheres, rude islands, grottoes of surpassing beauty, and the superstructure of ethereal organizations.

To peruse one-tenth of the works relative to the substrata of various stone formations, or follow, thoroughly, the statements of the learned and well-versed concerning springs, and their sure origin would occupy the time allotted to more serious duties; but the remark of one looked up to in the past, may prove suggestive to the penetrator of the mysteries of hidden truth:

Quôd hyeme nec nivali, nec imbrifera, fontes tamen aquam largiûs quam æstate (nisi valde pluvia fit) vomant:‡

Dr. Tancred Robinson, of good repute, some hundred years gone by, maintained that "all Dearths proceed from Droughts as well in hot Countries as in temperate and cold, be the Vapors what they will." This fact no one denies: yet, at the time it was asserted, scholars deemed this observation worthy of reflection, and discussed its merits with becoming zeal and eloquence. How many occupy most precious moments in proving with the dignity of learned Thebans, the astonishing phenomenon that 2 + 2 make 4! Not satisfied with asserting the wonderful result of this addition, they go on to state that as it makes less than 5, and more than 3, 4 must of course be the exact amount; and still, not quite content, they tell the gaping world that "*product*" being different from "*sum*," would, in all other cases, bring about another end, but, curious to unlearned listeners, during their most recent searches, after the "concealed," they positively find that $2 \times 2 = 4$, and sink exhausted by their subtle arguments and copious, accorded plaudits into the repose of conscious rectitude and admiring self-possession of no small proportions. Why not follow out the farce at once, and beginning with the well-known fact, that paper is not lead, assert, with heavy words, that when it rains there does exist in the minds of most philosophers, the ripe conclusion that a greater humidity prevails than when the sun is shining.

How true the old remark, how applicable to—dare I assert the fact?—some now reclining on the laurels of incongruous applause. "In omnem sensus actum influit imaginatio." How many seek to merit what the orator* asserts: In primis hominis est propria veri inquisitio atque investigatio.

We are informed by one of parts,† "that the great flood was the purifier of the world, sent from God to cleanse the earth, to expiate its guilt, and to wash away the stains which it derived from the impure character of its inhabitants." ‖Philo, ‡Cicero, ⁋Origen, and ¶Plato, enter largely into the utility of the deluge, both morally and as a geological benefit for ages yet to come; and the proper distribution of nature's impartiality. Strange, indeed, does it appear that men, who were destitute of holy inspiration, and devoid of a religious impulse, without being cognizant of any similarity of

* Theogonia.
† Aristophanes.
‡ Fromondus-Meteor, lib. 5, c. 7, Artic. 3.

* Cicero.
† Spencer De Leg. Hebr. ii. p. 783.
‡ Orat. pro Sext. Rosc.
⁋ Orig. contr. cels. lib. iv.
‖ Phil. Jud. Lib. Quod Deter. pot. p. 186.
¶ Plat. in Timæo.

views, state what the student of the Bible reads exactly to the purpose, only differently set forth.* The sentiment is just the same; the language merely varies. The symphony is quite as forcible; but other "movements" indicate the unity of thought. Oh! man, why not at once, with noble front, accord to Deity the proper motives for the best, and not always strain thoughts and urge deductions to but keep on earth the "Principle" that works such ends? In vain attempts are made to chain the attributes of the Almighty to a human method of existence. As certainly as clouds of vapor elevate themselves to reach the purer element, so surely will the labors of the mighty God claim birth from Heaven and reject the efforts of such sin-stained mortals! Even as the lily, in sequestered spots, breathes forth alone, to those above, the incense of its purest being, so the thoughts of infancy *will* elevate the soul of those debased, and shake the infidel!

Were any one to take the trouble and go back to Druidical performances, this fact would strike them forcibly, and prove the sense of water's efficacy, as implanted in the breasts of those who could denounce a "Norma" and extol the praises of a "Budha," or the proud assistance from the Boodh. Near all the Arkite† shrines a pool of water found its way, and when inspired by lofty thoughts and rising zeal, the worshippers desired to erect their temples on lofty eminence,‡ where springs did not exist, elaborately excavated basins were prepared for its reception and beneficent officiousness.§

There is something sublime in the expressive description of the deity of the mountain, who called forth from hardened hearts the admiration he most justly merited: ‖

"Stat ferreus Atlas
Oceano, genibusque tumens infringitur unda."

In speaking of the mounds of Europe, Asia and Africa, which were alone devoted to religion, an eminent divine gives utterance to the following assertion, which is important as additional testimony, and conducive in its striking certainty: "If now we turn to the western continent, we shall find the same phenomena in full force there. It is an important link by which the New and the Old World are connected, and is one of the many proofs, that their inhabitants had one common origin."*

Most of our important deductions and surmises relative to ages, since known only by the labors of some fifty years, are due to the impressions left by animals upon the sand, or by the foot-prints of huge creatures in the mud. Taking the number of toes as a specimen of the unknown; measuring its height by the stride; forming its weight by the depth and clearness of the depression; the entire form, classification, and habits of species and genera have been most learnedly set forth. Whether it be the marks of the graptolites priodon, or sagittatus; or again, the perpetuated track of the stupendous crossopodia or fringe-footed Annelide, not to be confounded with the common whelk; whether the mesozoic red sand-stone betray the outlines of "ornithic bones," or the delicate meanderings of antiquated snails unfold the past, it is not thought of by the hasty reader, or reflected on sufficiently by him, who makes geology his study, that had *water*, the great mouth-piece of past centuries, not softened unrelenting earth, and bared its heaving bosom, that it might receive impressions from the passing generation, man would still be laboring in vain, and science still be forced to gather courage for a tedious effort.

It is acknowledged, by recent investigators, that "all the vegetable remains known in the silurian and lower devonian, belong to species of fucaides, or *marine* plants, resembling some species of Fucus of our time."*

By perusing the works of deeply-read scholars, concerning the palæontological discoveries, the minutiæ of the Taconic system, or the suggestions of such men as Turner and Boyd of England, Owen, Bennett, Banks, Murchison, and Jamieson, there exists throughout their researches one continued indirect association with water. Now it has changed the bed of certain deposits—now seceded from its accustomed round of duty—now acted on the native growth of plants—now ceased to operate and all remains stationary.

One more idea is necessary for the present purpose, which though not exactly geological in character, refers to earth and man. Could mansions be erected, palaces adorned; stout, fortified exteriors imbedded in the soil? Could

* Judith xii. 7.
† Diod. Sic. lib ii.
‡ Antiq. of Cornwall.
§ Dr. Borlase states that in Cornwall, England, these rock-basins may be found on the tops of highest Karns.
‖ Valer. Flaccus. Argonaut, v. 411.

* The Doctrine of the Deluge; Vindicating the Scriptural account from the doubts which have recently been cast upon it by Geological Speculations. By Rev. L. Vernon Harcourt, London, 1838.

* Leo Lesquereux, Silliman's Journal, Nov. 1860.

peasant line his rudely built low-hut, or hunter wend his way, or mason bake his clay, or *mortar*, the intervening ally that protects the imbecile and man of health—could all or any of them have a permanency were it not for water?

To be Continued.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 508.)

TREATMENT OF GUN-SHOT WOUNDS—*Continued.*

Of Foreign Bodies.—These are chiefly bullets, slugs, pieces of iron, copper, coin, wood, bone, stones, dirt, etc. In many of the wounded of the British soldiers, the writer noticed the pieces of the red cloth carried before the ball. Examine, therefore, each wound carefully, but do not probe unnecessarily. Introduce your finger—it is sensitive, and will tell you the nature of the body. If the wound is too small, use a silver or gold probe, with a little ball at the end of it; you can in this way gain some information by the sound communicated and the impression made. If the bone is bare, it will grate upon it; if a ball, you can feel its rounded form, but you cannot distinguish cloth from flesh, unless you use your finger; if an important vessel is exposed, the finger will detect the pulsation—*this is of importance.* The ordinary gun-shot probe is twelve inches long, with a light ball on the end of it; but you must have more than one, and of different lengths and thickness. Ascertain the condition of the body, whether it be fixed in bone or loose.

The Method of Removal of Foreign Bodies.—If it is a small ball, use small forceps—the smaller the better, placing the wound in the same position as when it was inflicted, so that no pieces of muscle may obstruct the probe or forceps.

In large wounds, use larger forceps—see that your forceps have sharp teeth, or are serrated, so as to be able to seize the bullet, and hold it firmly. Piercy's bullet forceps were formerly employed in the French army—now they are thrown aside. Instead of which we now use a modification of the instrument of Le Roy D'Etioles.

The bullet-extractor (figs. 1 and 2) has considerable advantages over all bullet-forceps, being delicate and yet more powerful.

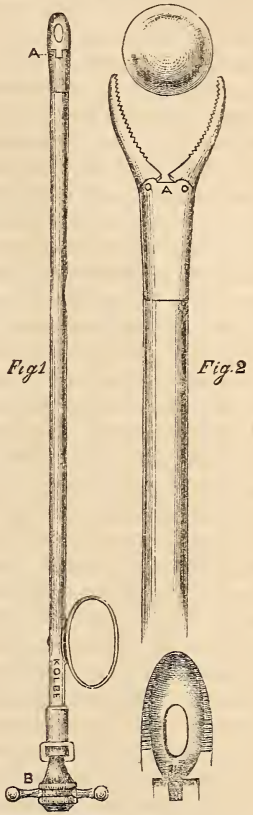


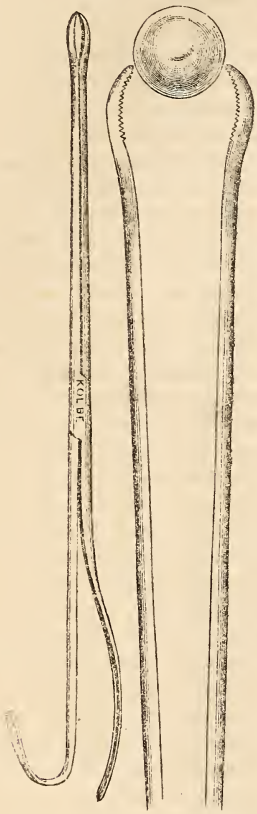
Fig.1 *Fig.2*

The lever-power is brought in close contact with the foreign body, as seen by letter A, fig. 2; while in the ordinary bullet-forceps (fig. 3 and 4) the maker is obliged to put the joint in the middle of the forceps to keep it of uniform thickness, and this diminishes greatly the strength of the forceps; therefore it is apt to slip.

The bullet-extractor (fig.1) consists of a metallic tube ten to twelve inches long, and three to four-sixteenths of an inch in diameter, with two spoon-shaped levers connected with hinges to the tube, and also to a steel rod at the opposite end; the handle is seen in fig. 1, letter B; by half a turn it expands or closes, as seen in letter A at the bottom. In fig. 2 is seen, on a large scale, the half-spoon arrangement, from the inside, and balls of from one-sixteenth to three-quarters of an inch can be grasped firmly with this extractor. As there is no obstruction from a joint, it can be introduced into deep-seated wounds, made by the conical ball, and

can be readily opened when near the ball, which is grasped, as in fig. 2, letter A; when, by twisting the handle, B, fig. 1, the operator has perfect control over the instrument.

Fig. 3. Fig. 4.



If the bullet is lodged in bone, use a trephine, and remove a portion of the bone with it; but if very deeply lodged, let it alone. If the ball has passed around the limb or the body, and lodged at a point opposite the place of entrance and is superficial, cut it out by making a new opening. This is often the best plan; but do not give your patient a great deal of pain by hunting in the dark, if you cannot feel it with your finger or probe. The part opposite to where the bullet lies is apt to be purple in appearance; feel there for it, and, if you detect it, make the part tense over it, and cut down upon it; get, then, the point of the knife under, and turn it out. Often times a round bullet is found flattened into a slug, making the wound of exit like that of a stab. If you are unable to remove the bullet, and it is of lead, and round, it becomes encysted, and may remain for years, and in some instances for life. Rough ones, of iron, copper, etc., are apt to cause sinuses. These bodies must be cut down upon and removed, if loose; if tight, let alone, introducing them lint into the wound that it may suppurate and be discharged. Put on light dressings, as I stated before; cold water for the extremities, mixed with a little lead water, and warm water for the trunk. Such contused wounds sometimes heal by the first intention; but your work is not done yet, inflammatory fever or constitutional irritation may arise; watch your patient therefore, for ten or twelve days, or until detachment of the slough; this takes place at the wound of entrance.

An artery merely brushed by a ball may give way, and profuse hemorrhage ensues. This is the period of greatest danger; therefore always be prepared for secondary hemorrhage; look carefully to the direction the pus takes, and prevent its forming pouches. Regard also the sinking into hectic, that may occur as a result of profuse suppuration; support and strengthen the system.

There are two complications in gun-shot wounds that need the most careful watching; attend, therefore, strictly to them.

The first is acute inflammation, indicated by the edges of the wound becoming everted, red, and shining; look carefully to it, or else the patient will lose his limb, or perhaps his life. Resort to most active local and constitutional antiphlogistic treatment.

The second complication is excessive swelling of the part caused by the effusion of serum or blood, which is apt to be followed by erysipelas or hospital gangrene.

Larrey found the most useful application was the actual cautery, applied to the reddest spots of the erysipelas, and to those which are nearest to the wound; the incandescent iron arrests its progress, and its application gives but little pain. He also recommends for the gastro-intestinal affection the exhibition of one grain of tarter emetic, dissolved in cold and strained infusion of ipecacuanha. This treatment should be followed up by administration of large doses of bark, or rather the sulphate of quinine, combined with camphor and opium, and by an acidulated drink, made with the hydrochloric acid. The same treatment is to be employed in hospital gangrene—removing the putrescent matter and odor by a solution of chloride of sodium.

Powder and Small Shot Wounds. — When you find the parts specked, the shot has come from

a distance, and sinks but a little way below the skin. If the body has been near the shot, they enter as a solid, they are scattered through the tissues. In this manner they may lacerate internal parts, and cause intense inflammation. Sometimes these small bodies enter cavities, and cause death by wounding important organs. A case occurred on Long Island: a young man was playing with some children, who had a small pocket cannon—a small shot from which entered his heart, and caused immediate death. In like manner they may enter the brain through the eye. In such cases no mark of its entrance is left behind—not even a cleft in the cornea, after four to six hours. When a whole charge enters the body, do not pick them out, but apply warm water dressing. If a scattered charge is received on an unexposed part, as the abdomen or breast, let them alone; but if on the face, pick out every one. This is done by making a slight cut, and then turning them out with the point of the knife; then applying the water dressing. When powder is driven into the parts, they are also usually burnt by the gas. If on the face, apply fine carded cotton, or, still better, lint, with chalk in powder, or even flour; or, when these are not at hand, sweet-oil, with a solution of opium. After the irritation is removed, pick the powder out. A small needle is the best instrument for this purpose. If very extensive, a blister will remove the grains—the serum washing them away.

In my next communication, I shall treat of the "fractures of bones occurring as a complication in gun-shot injuries."

Idiopathic Tetanus Relieved by Chloroform—Death Subsequently from Exhaustion.

By P. R. Wagenseller, M. D.,
Of Selin's Grove, Pa.

On Wednesday, July 17th, 1861, I was requested to visit immediately Thomas Musselman, aged eleven years. Upon inquiry into the history of my patient, I was informed that he had been ailing for several weeks; not suffering from special disease, but complaining of a general malaise. His occupation, which was that of driving a team on the canal, necessarily subjected him to much exposure from the vicissitudes of temperature, consequently his indisposition was not regarded with any degree of solicitude. A day or two previous to my first visit he had been seen and prescribed for by another physician, who, regarding his case as sufficiently severe to require attention, advised his immediate departure home. At that time, the mother informs me, there were no complaints by "Tommy," except of a sense of fatigue through all his limbs, and severe pain in his head. His position, however, as he lay upon his bed, was with the head thrown back somewhat—with this there was stiffness of the neck and inability to straighten it. Pain in the occiput and nape of neck was a subject of frequent complaint. At my first visit his condition was as follows: Skin hot, pulse full, but soft and differing very little, if any, in frequency from the normal standard; tongue yellowish brown and dry; eyes not suffused; intellect dull and mind wandering—a condition natural to patients whenever ill of fever—yet rational answers were returned to every question when addressed in an elevated tone of voice. His position, which was the same as that when seen by his former physician, was on his right side, with his hand under his cheek, and head very much thrown back, bringing the occiput nearly in contact with the spine, and rendering the neck quite prominent. Severe pain at the epigastrium was complained of, and the paroxysms of pain in the contracted muscles of the shoulders, back, and posterior cervical region, were severe and frequent. There was considerable difficulty in swallowing, and some stiffness of the jaws, which latter, however, yielded to gentle force.

Together with the above symptoms there was that peculiar expression of countenance, so characteristic of tetanus, and which, when once seen, requires no subsequent mental effort to remember. The angles of the mouth were drawn up, forehead wrinkled, etc. My suspicions being awakened, that I had a genuine case of idiopathic opisthotonos (for I could trace the disease to no previous injury,) to deal with, were fully confirmed at subsequent visits. From this time on, the contraction of the muscles and the approximation of the occiput to the space between the scapulæ were hourly increasing. The patient rapidly progressed from bad to worse, and, within a very short time, the muscles of the fauces and larynx became so much affected with the spasm as to render the swallowing of even liquids entirely impossible. From our experience heretofore in cases of well marked tetanus, especially traumatic, and even in those cases of the severe idiopathic form.

where the function of deglutition is abolished, we made out for ourself an unfavorable prognosis.

During a day or two the treatment was addressed to the relaxation of spasm, the relief of pain, and the administration of nournishment. This was but very imperfectly accomplished by enemata of morphia, beef tea, etc. A resort to counter-irritation and cups to spine and nape of neck, was also had. The paroxysms of pain became gradually more severe, and exhaustion, as indicated by a very rapid and feeble pulse, was rapidly wearing out the patient. On the morning of the fifth day (Sunday) of my attendance, the condition of the patient was considered hopeless. The sphincter recti, participating in the tetanic condition, refused the introduction of the enema pipe, and even when, by much effort, this resistance was overcome, the contents of the bowel were immediately and with force ejected by its strong contractions. The pulse sinking fast, in frequency one hundred and sixty, and the hands and feet bedewed with a cold and clammy perspiration, there seemed no other alternative than speedy dissolution. Yet, even in this condition, the patient's mind was clear, and the feeling of hunger strong, as manifested by frequent expressions of a desire for food.

The spasm of the muscles of the neck and throat were still so entirely unyielding, as to prevent the entrance of even a drop of fluid nourishment, and yet respiration was performed with comparative ease. The sensation communicated to the hand applied to the neck, was rather that of stone than of living, yielding muscle. In this condition of things, and unwilling that my patient should die of inanition, I resolved to attempt the relaxation of the tetanic spasm by the administration of chloroform and the subsequent introduction of the stomach tube. I would here remark, that the introduction of the tube had been fully, but ineffectually attempted previous to giving the anæsthetic. After having fully stated to the parents the danger from the depressing effects of chloroform, in the present condition of their child, their consent was not only freely given, but, in the language of a feeling mother, I was told "Do with him, Doctor, as you would with your own child."

The chloroform was immediately administered cautiously and very gradually. Its effects were much more encouraging than we had any reason to expect; a gradual improvement in the pulse followed, and, in proportion as the patient became more and more fully anæsthetized, did the contraction of the rigid muscles yield, until a ready and free entrance was given to the stomach-tube.

Brandy and beef essence were thus freely given, and the tube withdrawn when immediate improvement in the symptoms followed. A refreshing sleep of several hours duration afforded decided relief to the patient, but upon the cessation of the influence of the anæsthetic the same persistent contraction of the parts returned. Chloroform was again given, and with the same happy effect. This treatment was continued from two to four times every twenty-four hours, for five days; a gradual and permament yielding of the opisthotonos, commencing on the third day of the chloroform treatment, when the condition of the patient warranted a favorable prognosis.

The occiput by degrees receded from the inter-clavicular space; the ability to swallow returned; the tongue became clean and moist, and there was every indication of a favorable issue, when an unaccountable and uncontrollable diarrhœa, with exhaustion, set in, ending fatally on the eleventh day from my first visit. In this case, although fatal from an intercurrent and unexpected disease, viz: exhausting diarrhœa, which the system would have been able to withstand, had the excessive exhaustion been averted by the earlier administration of chloroform with the use of the stomach-tube, two striking points are evident:

1st. Chloroform does not always depress an already enfeebled circulation; although, in this patient it acted the part of a powerful *nervous sedative*, it fulfilled, at the same time, the part of an *arterial stimulant*. This effect was *invariable*; these two important indications were met by it at every occasion of its administration.

2d. Chloroform fully and freely administered will relax partially and temporarily the most persistent tetanic spasm, when opium and other remedies, (which were tried in large doses, produce no effect whatever.

These considerations shall hereafter induce us to give this remedy a fair trial in all cases of tetanus, whether traumatic or idiopathic, that may come under our observation, *when other and less powerful remedies have failed.* We believe that its administration will, to a great extent, defer the fatal issue in many cases of tetanus, and since experience proves that the number of recoveries increase in proportion as the disease

becomes chronic, we would confidently look forward to more recoveries from the use of this agent than from any other now in use with the profession.

Rupture of the Abdominal Parietes.

By Edward Batwell, M.D.,
Of Detroit, Michigan.

The history of the following case is brought before the notice of the profession as affording an example of the recuperative powers of nature, in her endeavors to repair local injuries, as well as presenting for their consideration a case, unique in its character and history.

Mrs. D., aged 67 years, of rather intemperate habits, had been under treatment for some three weeks previously, for bronchitis, which had easily yielded to a mild course of treatment, leaving her, however, subject to occasional attacks of dyspnœa and coughing, but for several days previous to the accident, she had felt considerably relieved from all her distressing symptoms, and expressed herself as being "much better." However, on the 3d of June, I was hastily summoned to her assistance, and found on my arrival that an hour previously, whilst sitting in her chair, a violent fit of coughing had come on, and a complete rupture had occurred, not alone through the muscular fibre of the recti muscles, and linea alba, *but through the integument itself*, permitting a large quantity of omentum and small intestines to escape from their natural cavity, which were, with considerable difficulty, returned, owing to the strong muscular contraction and to the expression of pain from the patient. However, being returned, they were retained by simple sutures and a firmly applied bandage, and the patient ordered 40 drops of tr. opii in some brandy and water, and to have it repeated every fourth hour if found necessary, to allay her cough.

The rupture had occurred about an inch and a half below the umbilicus, was about four inches long externally, and about two inches in extent through the peritoneum. The recti muscles were severed through their entire breadth, and there was no appearance of ulceration or previous abrasion of surface, to account for the accident. On visiting her some hours afterward, I found her very comfortable, having had some refreshing sleep, and having partaken of some light diet. The medicine and brandy were ordered to be continued, and on my visit next morning, she expressed herself as having rested well, and feeling more easy and comfortable than she had for some time. On the fourth day after the accident, the bandage was removed, and the wound had progressed toward healing in a satisfactory manner; one point of the suture had cut through, but union had taken place between the surfaces of the wound. For the first time she complained of tenderness over the peritoneal region, and I combined calomel with opium, which was administered very freely during the day and night; on my visit on the morning of the 8th, (being five days since the rupture had taken place,) I found that considerable nausea had supervened during the night, and just previous to my arrival, she had, in a violent fit of coughing and vomiting, again ruptured the newly formed adhesions, permitting the escape of the intestines as on the former occasion. This had occurred, doubtless, from the patient having loosened the bandage, thus taking away all support from the recently formed adhesion.

With the kind assistance of Dr. D. Henderson, I was enabled to return the protrusion, which was now firmly agglutinated together by inflammatory action of the peritoneal surfaces. It was retained in situ, by aquilled suture and bandage. Considerable serum escaped from the cavity during our manipulations, a symptom not observed on the former occasion. The same course of treatment was pursued as on the first accident, but not with very satisfactory results, as on next day she complained of considerable pain over the entire surface of the abdomen, with great tenderness and constant nausea. Calomel was again resorted to, and appeared to exercise a beneficial effect, but it soon also lost its power to allay the distressing symptoms, though it certainly restrained the tympanitis which now had become very urgent. During this period of two weeks, all the secretions were perfectly natural, and were carried on as if nothing had happened. The wound was examined daily, and evinced little tendency to re-unite. The patient now began to lose her strength, and was kept continually under the effect of stimulants. The several organs of the body gradually became affected. The kidneys, liver, and finally the brain yielded, and on the 28th day of June she died without a struggle, having lived twenty-five days from the receipt of the injury.

The history of this case affords us ground for

much speculation and reflection. The most extraordinary feature of the accident was the rupture of the integuments. The muscular tissue might have been torn whilst in a state of tension, but how a protrusion of the intestines could take place through the walls of the abdomen, (which was neither weakened by ulceration or rendered tense by effusion, but was loose, flaccid and yielding,) is more than is easily accounted for. Drs. Henderson, Pitcher, and Gunn, saw the case during its continuance, and afforded valuable suggestions in treatment, but expressed themselves as never having seen or heard of a similar case. All authors it has been within my power to consult, have been silent on the subject, and afford no information. If, therefore, any of your numerous readers have met with anything of the sort, they will afford much gratification to the profession by reporting the same.

Obstetric Statistics for the past Twenty Months, ending August 23, 1861.

By B. Woodward, M. D.,
Of Galesburg, Ill.

Whole number of mothers,	60
Number of children,	62
Twins, 2 cases:	
Boys,	35
Girls,	27
Hours in attendance,	491
Presentations, Vertex,	55
" Shoulder,	2
" Breech,	2
" Feet,	2
" Face,	1
Cases of version,	2
Forceps case,	1
Prolapse of funis,	1
Placenta prævia,	2
Rigid os uteri,	2
Adherent placenta,	3
Post partum hemorrhage,	3
Puerperal convulsions,	2
Puerperal fever,	5
Mothers living,	60
Children living,	61

Dead, one child, killed by fall of mother five days previous to accouchment.

In addition, there have been six cases of abortion at various stages, and from various causes; two of them procured by the mothers themselves; none that I know of by other parties. The cases of puerperal fever all recovered; they were treated with veratrum viride, opium, and ol. terebinth, with counter irritation.

The cases of convulsions were treated with verat. vir., chloroform, and in one case with full bleeding. Both recovered. Means used in prolapse of funis, were, position on the knees with head depressed on the bed as much as possible, returning the funis with the finger, and keeping it there till the head was engaged fully. These statistics show nothing remarkable, except a disproportion between the sexes, the males being rather in excess over the general ratio. I have been very fortunate in escaping the numerous forceps, and other bad cases, which so often fall to the lot of some physicians; indeed, judging by their statements, they rarely have any natural cases of labor.

I generally find that patience, and gentle treatment, will overcome difficulties which may appear to be in the way.

One of the children had a large hernia cerebri, but I do not know what came of it, as the mother left town ten days after her confinement. In one of the cases of twins, a boy and girl, both were breech presentations, the girl weighed 9½, and the boy 7¼ lbs. There was a single placenta, the cords starting from a central point not more than an inch from each other. They were the largest twins I had ever seen, and the mother had suffered much for two months from the great weight.

—o—

"*Charm Doctors.*"—A correspondent in New England writes us that there are in his region a set of quacks styled "charm doctors," who sell charm receipts at from ten to twenty-five dollars each. He sends us the following as specimens:

1. *For the Bite of a Mad Dog.*—Say, lemus, lamus, remus, ramus, axiologue.

2. *Charm for those who are Mad—Man or Beast.*—The hair being cut off, lay betony to the mould of the head. then write these words on a piece of cheese, antarbragan, tetragrammaton, and give it to the party so diseased.

3. *Charm for the Ague.*—Take a crust of bread and write on it in a legible hand the following words: Calinda, calindum, calindant, after which eat the crust.

4. *Charm for the Headache.*—A sure cure: Tie a halter about your head wherewith some one has been hanged. Our correspondent wickedly suggests that it be tied a little lower down—of course he refers to the seller of the charm.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.

PROLAPSUS OF THE FUNIS, AND ITS TREATMENT.

In the American *Medical Times*, for August 17th, Dr. Joseph Martin reports a case of prolapsus of the funis, and makes a few remarks upon the pastural treatment. Though the manner of treatment is not new; yet, because it is not taught in text-books, and may be unknown to some of our readers, and is of the first importance, we shall quote a few remarks. Dr. Thomas, of New York, was the first to employ and to recommend postural treatment in these cases. He placed the patient upon the face and knees, in which position, aided by gravitation, the funis could be replaced, and by keeping the patient in this position, until the head, or presenting part, had fully engaged the pelvis, the recumbent position could be resumed without risk of further trouble. But we must return to the paper before us: "In giving the details of the above labor, I wish to show the *certainty and safety of the postural treatment of prolapse of the funis*, when proper attention is paid to a few points of practice. That is, the placing of the patient in such a position that the longitudinal axis of the uterus will be vertical, the judicious manipulation of the cord, and the prevention of its return into the pelvis. For there is good reason to believe that failures, in the trials that have been made of this method of treating prolapse of the funis, have occurred from a neglect of those particulars, in the management of such cases, that are necessary to secure success; and that these failures have led many physicians to consider the practice of little or no importance, because of its supposed uncertainty.

But the truth is, the cause of the complication, and the treatment here recommended, are alike dependent upon *gravitation*. And as the funis cannot be compressed until the os uteri is well open, it can, in every case, be conveyed by the fingers to the brim of the pelvis, when, if the long axis of the uterus be vertical, it will sink below the brim by its own gravity. And success will attend the operation with the same certainty that a leaden bullet falls to the ground when it slips from the hand; provided, that the proper methods are employed to prevent a recurrence of the prolapse."

Dr. Tyler Smith says, that "the presentation of the funis is more dangerous to the child than any other variety of labor." In view of this statement, it will be conceded that the postural treatment, first publicly taught by Dr. T. G. Thomas, in February, 1858, and which may be always successful if brought to bear, and in due time and properly, cannot be too extensively known or commented upon.

UNUNITED FRACTURE OF THE LOWER MAXILLA.

In the American *Medical Times*, for August 17th, Prof. E. S. Cooper of San Francisco, California, reports a case of ununited *double* fracture of the lower maxilla. Free incisions were made down to the bone, the fractures wired together with silver wire, and the wound kept open by inserting lint. In four months, the patient recovered perfectly. Prof. Cooper says, "This leaving of wounds open after operations upon the bones I regard as a *sine qua non*, and never to be neglected." In regard to double fracture of the lower maxilla, he says: However, that is a kind of fracture which above all others is found difficult to treat successfully, owing to the strength of antagonizing muscles acting on the different fragments, and in order to secure favorable results, an extreme degree of firmness and docility on the part of the patient is required, and the greatest care and skill on the part of the surgeon."

In 1857, we treated a case of fracture of the lower maxilla, in which case the jaw was broken in *three distinct* places, thus making *four* fragments. The case was reported in the Buffalo *Medical Journal*, for February, 1858. We quote the treatment, for we believe that non-union should be the rarest of rare circumstances in these cases, Dr. Cooper to the contrary notwithstanding. "The teeth in the upper jaw were entire, and the fragments of the bone were carefully moulded to an exact adaptation to the upper maxilla, with the design of making it subserve the purpose of an efficient splint to hold in place the fragments of the broken bone. In consequence of the great tumefaction, it was thought advisable to depart from the ordinary manner of applying bandages—it was thought that the *pressure* of the bandages upon the injured side of the face would, in consequence of its swollen condition, displace the fragments of the jaw inward. To prevent this, a splint, somewhat of an horse-shoe shape, was fitted to the inferior surface of the fractured bone, *projecting sufficiently beyond it on the sides to guard against lateral pressure*. The splint was well padded and applied, and held in place by suitable bandages fastened to a cap of firm cloth fitted to the head. The patient was supported by liquid nourishment, conveyed to the mouth through a space left by an absent tooth. The fracture healed readily and without deformity." From our limited experience, we should think it not very difficult to fasten a double or triple fracture of the lower jaw, so

immovably that union must take place, in due time, without resorting to the proceedings instituted by Prof. Cooper. If, however, from any cause, non-union should result, we have no doubt of the utility, and, in fact, would earnestly recommend the plan practiced by Prof. Cooper, in the case referred to above.

PRACTICAL REMARKS ON MINOR MIDWIFERY.

In the *American Medical Times* for August 17, Dr. Ezra M. Hunt, of New Jersey, has a few judicious remarks upon this subject. In regard to position assumed in labor, he makes the following remark:—"It is really quite a national distinction. England lies upon her left side, the French and Germans on the back, Ireland gets on its knees, and America, following out its general characteristics, takes whatever position it sees fit." Having been more or less in the practice of obstetrics for the last twelve years, we would suggest that, in the early stages of labor, the position upon the back, as above suggested, cannot be improved. In this position upon the back, all the non-parturient muscles are in a state of relaxation and quietude. But the muscles engaged in the parturient effort are in a condition to exercise their most powerful contractility, and the tension of the uterus is at its maximum.

The back or left side position must be varied, to meet varying circumstances and conditions. We have seen several cases where the fundus of the uterus tilted forward, and the os uteri opened directly against the sacrum. With these cases, our treatment should be directed to the unnatural condition. With the finger in the os uteri, we should bring the neck of the uterus forward, and with the left hand depress the fundus, and thus bring the expulsive power on a line with the curvation of the pelvis. If the fundus uteri inclines greatly to the right, the position upon the left side should be rigidly observed; if to the left, then the position upon the right side is preferable. External manipulations will, in nearly all cases, reveal the position of the child.

Remarking upon the proper time of rupturing the membranes, he says, "I see no value in the uterine waters after a fair distension of the os." If the membranes do not rupture spontaneously at this stage, he would advise the interference of art. This is evidently judicious advice. Where the membranes are unusually tenacious, or the amount of fluid is unusually large, the uterus cannot act directly upon the child, and labor is protracted and suffering increased by trusting the case to nature, then the operations of nature should be slightly interfered with. Many a time have we seen cases in which the os uteri was well dilated, the pains frequent and severe, and yet apparently entirely inert, so far as the completion of labor was concerned. In these cases, we have ruptured the membranes and allowed the escape often of an undue amount of amniotive fluid. In such cases, the uterus usually promptly adapts itself to its diminished contents, and the pains promptly assume an efficient and expulsive power. Those physicians who trust alone to nature in these cases, do so to the intensification of suffering and the prolongation of labor. When unduly distended, the uterus cannot contract with force and efficiency. Dr. Hunt says:—"I am fully satisfied that an overdistension prevents the contraction of muscular power in such a way as to obstruct the os. I believe, with the womb, as with a thin India-rubber bottle, forced over-distension will cause contraction at the os, and prevent even the pains from overcoming it. Even the hand, in grasping a round body too large for it, cannot contract with adequate force thereupon.

In our obstetric experience we frequently resort to expedients not taught in the text-books. In the first stage of labor we frequently hasten the second stage by dilating the os with our finger. We often press the anterior lip of the os uteri upward, and thus allow the head, or presenting part, to engage the pelvic strait, and press directly upon the symphasis pubis. By such means the first is converted into the second stage, and by the administration of a dose of ergot now, the labor is speedily and favorably terminated. It is often the case that there is a disproportion between the head and the calibre of the lower bony pelvic strait. A disproportion not forbidding the possibilities of the completion of labor, but sufficient to greatly prolong the second stage, to the great increase of suffering, and the nervous shock, and, perhaps, sufficient to bring into requisition the aid of forceps. In these cases, *we place the left hand upon the fundus uteri, through the abdominal walls, and give firm pressure downwards, upon the extremity antipodal to the presenting part.* This posterior force should, of course, be stopped when the presenting part passes the obstruction and begins to distend the perineum. Is this posterior force, applied in aid of the expulsive force of the uterus, more unnatural, or more dangerous to mother or child, than if the same amount be applied in the usual manner with forceps? We have only to say, we have often used such force, with the known effect of greatly shortening labor. The result is, in twelve years we have not lost a parturient mother, have used the forceps but once, and once performed craniotomy. Returning from this digression, we conclude this subject with Dr. Martin's conclusion: "When the head has come to be nearly delivered, but recedes so much that each pain seems hardly sufficient to both bring it forward and through, it seems sometimes desirable to retain the occiput in its advanced position until another pain aids it onward from that point. When very low down and thus retarded, the hand or fingers far back on the pe-

rineum, pressing just as the pain recedes will tend to hold it in position. Pressure in this more relaxed state of the perinium near the anus is not objectionable, and at this stage, as heretofore, you do not need so great retrocession as you do previously. A quiet, on the part of the patient, or avoiding of a long drawing breath, and the plan suggested will the better prepare for another expulsive effort. These little attentions, if they did nothing more than dispense with one or two pains, would be humane and considerate; but sometimes they are the minute pivots and turning-points of results." We like our plan given above better—it is more efficient and less objectionable.

DIPHTHERIA—BELLADONNA IN.

In the *St. Louis Medical and Surgical Journal*, for May, Dr. N. E. Jones, of Circleville, Ohio, has an article upon the treatment of diphtheria. He mentions quinine as a *basis* remedy and a *curative* agent in these cases, with which opinion we have no disposition to find fault; for, in fact, we have regarded quinine as one of the most important agents in these cases. He, however, suggests that, even under *quinine, iron, chlorate of potash, etc.*, patients will sometimes die, which we are sorry to say we know to be true. Dr. Jones, in the article referred to, recommends *belladonna* as a very important agent in these cases. We quote the following:

1st. Belladonna given to intoxication arrests membranous exudation.

2d. Given early in the fibrile stage, cures by resolution.

3d. Causes softening and detachment of exudation in an unusually short space of time.

The readers of the Reporter may remember an article in this journal, for November 10th, 1860, in which Dr. J. W. Thompson recommends belladonna in sore throat. He says: "My experience with it in incipient sore throat would lead me to rank it almost as a specific, if used sufficiently early. My plan is to give the sixtieth of a grain of atropia, and I rely upon upon it confidently if given within six hours of the first appearance of inflammatory symptoms. I have tried it repeatedly upon myself, as well as others, and yet have to note the first failure." In the last two years, we have been called to many cases of slight sore throat, to which we should not probably been called, had there not been considerable alarm upon the subject of diphtheria. Such cases we know are often dignified with the name of diphtheria, and heralded as cures to the credit of the prescriber—a dishonorable course that we shall ever abhor. In such cases, we have usually prescribed a solution of chlorate of potash, to which is added appropriate doses of belladonna. They have not required much, and this has been quite convenient, and the cases have recovered in two or three days. When the article of Dr. Jones came to hand, we had four very bad cases of diphtheria under treatment. One on the first day, and three on the third of the disease, though well advanced and terribly severe. The belladonna was at once put on trial, though our other remedies were not at all interrupted. Two cases died and one recovered. In the case in the first stage, it produced head symptoms that so alarmed the friends that we discontinued it. The patient, though yet very sick, will recover. We have since taken other cases under treatment, but as they were not alarmingly severe, and among children, and our own observation of the remedy noted no positive benefits, we have not resorted further to the remedy. Our trial is not just to the remedy, or satisfactory to us.

TREATMENT OF DIPHTHERIA IN FRANCE.

Remarking further upon diphtheria, in an article written in Paris, and published in the same number of the *St. Louis Medical and Surgical Journal* above referred to, Dr. S. Pollock, speaking of diphtheria and the physicians of Paris, says: "They are not further advanced there than we are in the treatment. The chlorate of potash, and the per-chlorate of iron and nitrate of silver, are their chief reliance." Of local treatment he says: "Insufflations of tannin, alum, or both combined, are much used by Barthez, and with success. It is easily done by means of a simple india-rubber ball attached to a wooden tube, the orifice of which is covered with a septum of muslin. The tube contains a small quantity of the above remedies finely pulverized; small pressure on the ball will at once blow it over the soft palate, epiglottis, and, during an inspiration, even into the larynx. Being readily soluble, it causes no inconvenience, and produces the same and better effect than sponging, but minus its annoyance."

Before quitting these rather random remarks upon diphtheria, we would remark that we have been, and now are, treating some very, and we think unusually, severe cases of diphtheria, and in their treatment several points of inquiry have suggested themselves to our mind, upon which we would like to hear the opinions of other observers. In cases occurring in the same locality, we have observed the greatest diversity in regard to severity—some very severe, others quite mild—in some the false membrane has been unusually diffused and very thick, in some cases about the thickness of common harness-leather, or more than an eighth of an inch thick. In other cases it would be thinner, and confined to quite limited localities, and in still others, there was none to be seen. In those cases destined to be severe, at the very first seeing, the tonsils and uvula would be considerably enlarged, and of a pecu-

liar erysipelas redness, extending down as far as could be seen, and up and covering most of the roof the mouth; and the external swelling would be considerable, extending from the ears down, and nearly or quite around the neck in front. This external swelling would rapidly become very great. It was in such that the false membrane would be so unusually thick. We usually peeled off this false membrane, which could be readily done with forceps, and blood, sometimes freely, would always follow, and the patient would nearly or quite always complain of *unusual soreness afterwards;* when expectorated spontaneously they expressed relief. Now the question arises, should this membranous exudation be forcibly removed, or left to spontaneous detachment? From our experience, we are half inclined to let it remain hereafter, except it may be just about the opening of the air passages when breathing is labored.

We have removed the uvula in four cases of diphtheria: twice in cases a few weeks ago; the cases were not very severe—false membrane occurring in limited localities. Probably they would not have been severe, though the removal was thought judicious, from great enlargement and consequent annoyance. Both complained of their throats feeling worse for a day or two afterward. Was the operation really a disadvantage, risking increased inflammation? In one very bad case recently, we removed the uvula on first seeing the patient. The operation was followed by quite free bleeding, and the patient thinks it saved his life, having watched with and observed other severe cases of similar character that died. In this case, however, the swelling went on to an alarming extent—the membranous formations were heavy and extensive—the voice destroyed, swallowing and respiration difficult—the food and drinks coming often through the nose, the mucous membrane of which was also equally diseased. The patient is now recovering, but there are yet deep ulcerations in the tonsils—one in the tongue—and the cut surface of the uvula is not healed. He will, however, recover. In the same house there were two others simultaneously attacked. In these the uvula was not removed; they were about in three or four days, and the exudations never covered a spot larger than a three-cent piece. These results would naturally suggest an inquiry. To our mind, the solution seems not difficult; the cases in the outset were very dissimilar cases. We have seen cases equally mild where the uvula was removed, and others equally severe, where it was not. In this case mentioned, we think it had the stamp of a terribly-severe one at its onset, and the uvula would have subsequently proved a great embarrassment, and perhaps greatly enhanced the danger. In seeming support of this last idea, we cite the remaining case. We were called to a boy, ten years of age, with diphtheria, apparently of the same stamp or type of the one last alluded to. The external and internal swelling rapidly became very great. On the morning of the third day, we should have removed the uvula but for the patient's troublesomeness, and the consequent difficulty of getting at it. In the succeeding night, we were again called to the case, and found the patient pulseless. We immediately pealed off the membranous exudations—blood following, seemingly, from every point of surface—and removed the uvula, which was about the size of the extremity of a man's thumb to the first joint, and flattened laterally by the pressure of the swollen tonsils. The patient rallied for a time, but died forty-eight hours later. This patient would not, or could not, take egg-nog or other nourishment, and we think most, or all, of the medicines were returned through the nose. From the effects of the disease, he seemed to have lost the necessary control over the parts involved in deglution. We have seen this in several other instances, but in a minor degree. In this case the operation evidently postponed the death, and in other cases would have given so much increase of time to put on trial appropriate remedial means.

In the same number of the *St. Louis Medical and Surgical Journal*, above referred to, Dr, A. DeLezzynski, of Kentucky, has an article upon diphtheria. As no new remedies or plans of treatment are recommended, though his is excellent, we can occupy space by quoting entire. Suffice it to say that his *local* remedies are selected from the following: "sulphate of copper, nitrate of silver, undiluted acet acid, nitric, either diluted or pure," the which depending upon their power of costicity, and the stage and severity of the disease. We may not have given them a fair trial, but we confess the powerful caustics have not quite satisfied us. Diluted muriate tincture of iron, or a solution of burnt alum with tannin, are our favorites. We have not tried a very great variety, and there may be others better, but we doubt whether they will be found among the powerful caustics. Of *general* remedies, he commences with an emetic of ipecac and squills, and follows with muriate tincture of iron, quinine, and opium. Of quiniue he would give to an adult 30 grains per day. Opium is not usually advised in this disease; we have, however, always given it, which, in conjunction with quinine, will keep the skin at a delightful stage of moisture, or the sweating can be made profuse if desired. We make one quotation, as it involves an idea that we do not remember to have seen in print before. "*During the third period,* instead of the muriate tincture of iron, I prefer the sulphate and am in the habit of giving to a grown person from 15 to 20 grains, and of the tinct. of opium from 19 to 57 drops (containing from one to three grains of opium,) per twenty-four hours." Bearing upon this idea, a friend recently showed us a prescription, by an unknown Ohio physician, who was said to have never

lost a case! (and it was not told that he ever had one!) Here it is—

℞.—Armenian bole.
Alum.
Sulphate of iron. Equal parts.

Each to be separately burned, pulverized, and a teaspoonful of each mixed with a teacup of honey. This to be given in teaspoonful doses, three times a day, in all stages, and also to be applied locally with a brush."* If this article meets the prescriber's eye, and he thinks the compound possesses any remarkable properties, will he please make his formula and experience *known to the profession*, and not give his formula to *distant* friends, that they may annoy their own neighboring physician by their eternal thrust of it upon his patient's friends, with the statement of its *infallibility*, and of coming from some great physician, whose greatness is doubtless derived from his distance away!

If our readers can bear with us a moment longer, we will add a few words more upon diphtheria. The *St. Louis Journal* is quite full of the subject—it contains, in addition to the articles referred to, a discussion had before the *St. Louis Medical Society*. Dr. Linton regards diphtheria as *inseparable* from scarlet fever, and croup, and says he has certainly seen scarlet fever and diphtheria present in the same case.

Dr. Johnston said, "We have no case on record of scarlet fever terminating in diphtheria, nor *vice versa*."

Though we do not agree with Dr. Linton, that the diseases *are alike*, we are quite sure we have seen three cases recently, in which scarlet fever terminated in diphtheria. Both diseases are present in this locality—scarlet fever very light, and diphtheria as mentioned above. Perhaps more singular still, last spring measles prevailed here: during our attention upon this disease, we were called to two cases that we called scarlet fever—the rash and throat symptoms were characteristic. Quite early catarrhal symptoms and cough made their appearance, exactly like the measles, and on the *fourth day from the appearance of the first rash, a genuine measles rash came out, and remained out its usual time, and one of these cases had the exudation exactly like a mild case of diphtheria!*

We conclude with the mention of a local application, suggested by Dr. S. Gratz Moses, of St. Louis. He says he has made extensive use of *turpentine*, as a local application, and administers chlorate of potash and muriate tincture of iron, in full and frequent doses.

* *Armenia bole* is not alluded to in the *Dispensatory*, nor in the *American Cyclopedia*. In Worcester's Dictionary it is *twice* alluded to—once under the head of *Armenian*, and the other of *Bole*. The *former* is quoted from Dunglison, and it is said to be "an earthy mineral, a variety of blue *carbonate of copper*, of a greenish blue color," &c.—the latter is from Brande, and it is said to be "a solid, amorphous, earthy mineral, of a yellow, red, or brownish-black color, consisting principally of *alumi, silica, and oxide of iron*." In the former definition, it is said it "was formerly used as a *purgative*;" in the latter, it "was formerly much used in medicine as a *tonic, astringent, and styptic!*" This officious friend, alluded to above, had some of the article, direct from the great Ohio Doctor's hand, already burned and pulverized—it looked and tasted exactly like *precipitated carbonate of iron*, as usually found in the shops after exposure to air and light."

SUMMARY OF PAPERS CONTAINED IN THE TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY.

ARTIFICIAL LACTATION.

Passing over the minutes of the Society and the president's address, the first paper in the Transactions is upon *Artificial Lactation*, by Dr. C. M. Wetherill, of Lafayette. Dr. Wetherill thinks it of the first importance that the quality of the butter and casein be attended to in artificial feeding. In cow's milk, he thinks these can be varied by a judicious selection of the feed given to the cow. The most important suggestion made by the author of this paper is, that, in making an artifical feed for the child from cow's milk, *sugar of milk* being added, instead of cane-sugar. He says:—"I have sometimes thought that the sugar in food is intimately connected with the growth of the body." One of his reasons for selecting *milk-sugar*, is that it is less fermentable than cane-sugar. He would, also, have careful attention paid to the *saline* ingredients of the artificial feed.

The subject of artificial lactation is of the first importance; yet we have thought writers upon the subject unnecessarily complicate the labor of artificial feeding. We have seen many children brought up "by hand;" and, where our directions have been attended to, we have never seen a child materially suffer through non-disagreement of its food. It is of the first importance that pure, country cow's milk be obtained. For a child under three months, we would reduce this one-half with water, add a little sweet cream, and a little sugar.

Dr. Draper gives the following relative proportions of casein, sugar, and butter, in human and cow's milk:

	Casein.	Sugar.	Butter.
Human milk, - -	32	36	29
Cow's milk, - - -	63	28	40

Reducing the cow's milk one-half, we have the following proportion:

Casein.	Sugar.	Butter.
31½	14	20

It will be seen, from this, that the casein in the reduced cow's milk is almost the same as in human milk; the butter is slightly less, which is remedied by the addition of a little sweet cream. The sugar is only one-half what it should be, and can be readily supplied. The saline constituents in cow's milk are a little more than twice that of human milk, and, by reducing the former, it is made to resemble the latter in this respect sufficiently close for all practical purposes. Our remarks do not apply to city milk, or milk from diseased and stall-fed cows.

MEDICAL INHALATION.

The next paper contained in the Transactions, is a paper upon *Medical Inhalation*, by T. W. Fry, M.D., of Crawfordsville. Dr. Fry quotes from several authorities to show that humidity is not promotive of disease. His own opinions are thus expressed:—"It is only, therefore, in its combination with extremes and varieties of temperature, that we can consider humidity as a promoter of disease, and even here we know not how far to go. It is evident that so far from humidity tending to induce consumption, it is favorable to health—a circumstance which, in my opinion, does not admit of doubt." This statement we have not time or space to consider at length at present; suffice it to say, it is not in accordance with our previously-formed opinions, and experience proves that temperature, elevation, equability of climate, and all other meteorological influences the same, the dry atmosphere is the most favorable to the consumptive. The statistics of the United States Army give, at our north-western stations, nineteen deaths from consumption to every ten thousand men. Now, in these regions, near Lake Superior, the atmosphere is proverbially dry. In the posts around the Gulf of Mexico, where the atmosphere is proverbially moist, the deaths from consumption are sixty-eight to the ten thousand, or considerably more than three times as great a mortality as that given in the dryer climate. It may be objected that temperature and other meteorological influences may contribute to the difference in results. The statistics of stations north of New York and along the coast of Maine, give forty-three deaths from consumption to the ten thousand, or two and a quarter times as great a mortality as that of the first-mentioned locality. The latitude of the last-mentioned locality does not differ materially from that of our north-western stations, but the amount of moisture in the atmosphere differs materially.

Dr. Fry thus states the advantages of medicines introduced in the form of vapor:—"It must be manifest to every reflecting mind, that different forms of disease and conditions of the lungs demand different remedies. There is scarcely an article in the materia medica which may not be introduced into the system in the form of vapor; and it is a well-established fact, that the more finely attenuated are medicines, the more prompt and powerful are their effects upon the system; hence the mighty agency which vaporized materials exert; liquids act with more promptness than solids, vapors produce their effects more rapidly than liquids; articles taken into the stomach are often changed in their character by the secretions and other elements with which they come in contact; they enter comparatively slowly into the circulation; a direct influence cannot thus be brought to bear on diseased lungs. Inhalation possesses the advantage of bringing the remedial agent, in its most potent form, in direct contact with the diseased surface, it is more agreeable to the patient, of more easy administration, and the element used, like the oxygen of the atmosphere, enters directly into the circulation, and within a few moments may be detected in all parts of the system."

Dr. Fry reports several cases in which the effects of treatment were very marked and satisfactory. The main treatment was paregoric, nitro-muriatic acid, and creosote, administered by inhalation. The paregoric was used several times a day; when the acid or creosote was used, twice or three times a day was deemed sufficient.

PROGRESS OF MEDICINE.

The next paper is a report on the *Progress of Medicine*, by J. H. Brower, M.D., of Lawrenceburg, with a supplement, by Dr. Casselberry, of Evansville. Dr. Brower's paper contains nothing of importance that has not already found mention in our pages, unless it be a reference to the opinion of M. Duché, that sulphur is a prophylactic in diphtheria. Thus he says, "M. Duché insists on the free use of sulphur as a prophylactic, and avers that those children who took sulphur were not attacked in any case, while others, under the same circumstances, fell victims to the malady. My own experience fully corroborates his statement. It is a simple, harmless remedy, and should be tried as a preventive."

OIL OF TURPENTINE IN TYPHOID FEVER.

Dr. Casselberry makes a few remarks upon the treatment of typhoid fever. In referring to the use of turpentine, recommended by Prof. Wood, and the limitation of its use to a certain condition, which condition seldom occurs before the end of the second week, and sometimes death takes place before this condition shows itself, he says: "It never occurred to the eminent professor, that, like quinine, turpentine is a *specific alterant*, and, therefore, indicated in *every stage* of typhoid fever. It is alike operative in every phase of the disease, and the safety of the sufferer requires its persistent employment without *technical quibbles*. It is true, however, that the quantity directed at each dose should be varied with the varying conditions of the diseased organism."

We have, on a former occasion, expressed the same opinion. We believe that a remedy that will act so almost specifically in the *advanced and severe* form of a disease, can but act beneficially in the *forming stage*. The opinion of Prof. W. K. Bowling, of Nashville, Tenn., agrees with that of Dr. Casselberry, or rather *vice versa*, for Dr. Casselberry evidently had a

paper, by Prof. Bowling, before him when he wrote, *for several sentences are taken from one such, without the usual courtesy of quotation marks.* Dr. T. J. Cogley, of Madison, Indiana, wrote to Prof. Bowling for his opinion upon some points relative to the treatment of typhoid fever. The Professor replied, and both letters were published in the *Nashville Journal of Medicine*, for October, 1859. For a summary of the opinions of Prof. Bowling, we must refer our readers to our summary in the *A. M. Monthly*, December, 1859.

DIPHTHERIA.

The next and last paper, to which we shall refer in the Transactions before us, is a *report upon Diphtheria*, by R. E. Haughton, M.D., of Richmond. No new opinions are advanced here, and we shall give only a *summary* of the opinions and treatment: "1. Diphtheria is a specific disease, as is seen in its history, its progress, its mode of extension, and more particularly in the character of its exudation, also in its choice of locality, in its toxic influences, its termination, and its sequelæ. 2. It is often confounded with scarlatinal angina, with cynanche-gangrenosum, with ulcerative tonsillitis, and may be, even, with cynanche-trachealis. 3. It is not fully determined to be contagious or infectious. It is both epidemic and endemic, and prevails with much severity in limited centres of population. 4. It presents itself under three varieties: *a.* Simple diphtheria. *b.* Laryngea or croupal diphtheria. *c.* Malignant. The first is easily managed, the second is very dangerous, the third nearly always fatal. 5. The simple variety may be treated with mild stimulating gargles; the other varieties energetically with the internal administration of quinine, chlorate of potash, mineral acids and vegetable tonics. The tr. ferri chlor., both internally and locally; and a strong solution of the argent. nit. to the throat, and a solution of chloride of sodium as a disinfectant. As adjuvants; ventilation, nutritious diet, stimulants and sponging. 6. Tracheotomy is contra-indicated in all cases."

In regard to the treatment here suggested, we have only to add that we believe that frequent moppings with a strong solution of nitrate of silver, have done more hurt than good in diphtheria. Salt and water, solutions of chlorate of potash, burnt alum, tannin, etc., have pleased us better. In addition to quinine, in tolerably liberal doses, chlorate of potash, and muriatic tincture of iron, we would give egg-nog, or milk punch, in liberal allowances, and from our experience would not exchange the egg-nog for any medicine.

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"ETITA"—AN AFRICAN DISEASE.

Paul B. du Chaillu, in his book entitled "Explorations and Adventures in Equatorial Africa," gives the following account of this disease, which he characterizes as "the most extraordinary disease in Africa." He says:

"Ishoungi, who was as black as a crow when I left him, had, *in less than a minute*, become covered all over with blotches, which gave him a ghastly spotted appearance, frightful and sickening to the view. . . . The swellings extended under my own observation, and in less than five minutes scarce a spot on his whole body was left in its pure black state. Even his face was covered. His lips were disfigured and his eyes closed. . . . The swellings are large, but of different sizes and shapes, and look much as though the subject had been badly scalded. The skin is raised, and a thin matter collects beneath it. An intolerable itching pain follows, which makes the poor sufferer scream with agony."

Here was an example of a disease sufficiently acute; but what shall we say of the activity of the remedy:

"Presently one of the Ashira men came along, and seeing his condition, took out some yellow bark of a tree, unknown to me, from a pouch he carried. This he made fine, then chewed it with water in his mouth. When he had chewed it a little, he spat the juice on the other's body, and Ishoungi rubbed and spread it gently. Wherever it touched the swelling went down. In little more than twenty minutes —certainly in less than half-an-hour—the swellings were gone, leaving scarce any mark upon his body."—P. 465.

SLOWNESS OF THE PULSE WITHOUT ANY WELL-MARKED DISEASE TO ACCOUNT FOR IT.

Extreme depression, apoplexy, some organic affections of the heart, and the exhaustion preceding final dissolution, are known to produce slowness of the pulse. By the term *slowness* is meant the diminution of the heart's beat to 40 per minute, or even much lower, say to 30 or 25 beats per minute. Ordinarily the cause of the slow pulse may be made out. Thus, Dr. Watson states in his "Lectures on the Practice of Physic," vol. i.: "The slowest pulse I ever felt was that of a man sixty-eight years old, who was for some time a patient of mine, with diseased heart and dropsy. His pulse was often no more than 25 in the minute. He died suddenly in his chair, and I was very desirous of examining his body, but his widow would not allow it." The same writer refers to a case in the 17th volume of "Duncan's Medical Commentaries," in which the pulse was as slow as 9 beats in the minute.

We have recently watched a case of some interest, in St. Bartholomew's Hospital, under

Dr. Farre's care, in which the chief peculiarity was slowness of the pulse. The patient, Wm. C——, a painter by trade, is fifty-eight years of age, and was admitted on the 2d May. Nearly six weeks before admission he was seized with giddiness, accompanied by pain and a sinking sensation in the stomach; he had shortness of breath, and could not walk a distance without stopping. For these he consulted the parochial surgeon, who told him of his slow pulse. Shortly before his admission he had a fainting fit. Whilst in the hospital the pulse was as low as 26 per minute when sitting or lying down, but increased to 30 or 34 when standing. On the 2d June the pulse was 22 per minute; his general health was otherwise good. He remained in the hospital altogether about six weeks, and complained almost solely of debility at the commencement, which gradually disappeared under the influence of a regulated diet and mild tonic remedies. His pulse, though slow, was always regular; there was nothing abnormal about the heart in any way, and his general intelligence was good, although the mind did not appear to be active.

There is then no very decided cause for the slow pulse, unless the symptoms complained of some weeks before admission be interpreted as pointing to some insidious disease of the brain. Although a painter by trade, he has not suffered from the poisonous influences of his trade. —*Lancet.*

SLOUGHING OF THE TESTICLE IN STRANGULATED INGUINAL HERNIA.

M. Malgaigne maintains that the constriction in cases of strangulated inguinal hernia is not exerted by the ring, because such constriction would necessarily produce pressure of the cord, and sloughing of the testicle. The unsoundness of this opinion was lately proved by a case brought forward by M. Richet, in which, under the circumstances just mentioned, the testicle *did* slough. This single case, however, would not be conclusive had we not other reasons for supposing that the strangulation really takes place at the ring.—*Lancet.*

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The Victoria Cross has been conferred on Hospital-Apprentice Arthur Fitzgibbon, Indian Medical Establishment, for having behaved with great coolness and courage at the capture of the North Taku Fort, on the 21st August, 1860. On the morning of that day he accompanied a wing of the sixty-seventh regiment when it took up a position within 500 yards of the fort. Having quitted cover, he proceeded, under a heavy fire, to attend to a dhoolie-bearer, whose wound he had been directed to bind up; and, while the regiment was advancing under the enemy's fire, he ran across the open field to attend to another wounded man, in doing which he was himself severely wounded.—*Lancet.*

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, SEPTEMBER 14, 1861.

SANITARY CONDITION OF THE TWO ARMIES.

When the rebellion first broke out, it was predicted that the northern troops would not be able to endure the climate of the southern latitudes; that they would suffer from sickness, which would cause much embarrassment to the National army. In fact, it was supposed that the severity of the climate would prove to be a strong ally to the South, certainly during the summer campaign. Thus far, however, these expectations have not been realized. With very few exceptions, the testimony of our own correspondents, as well as of those of our cotemporaries and of the newspaper press, is uniform that the general health of the National forces is remarkably good. Even Wilson's Fire Zouaves who went from New York, and have been encamped on Santa Rosa Island, before Pensacola, since the 24th of June, and who have been laboriously employed much of the time in unloading transports, erecting sand batteries, and in other employments incident to a soldier's life, have suffered very little from sickness. Dr. P. C. Pease, Surgeon to the Regiment, writes to the New York *Medical Times*, under date of August 2d, that they then had but eighteen men in the hospital, and these were cases of ordinary sickness, such as rheumatism, diarrhœa, dysentery, &c. The island "is nothing but a huge sand bank; scarcely any vegetation exists; a few stunted trees of the coniferous species are scattered here and there. The thermometer ranges from 85° to 95° in the shade." The troops on that island are therefore exposed to the direct rays of an almost tropical sun.

On the other hand, there has been, and continues to be a great deal of sickness among the Southern soldiers. A correspondent of the New Orleans *Delta*, writing from Fredericksburg, Va., says:

"The present is the sickly season in this

country, and our camps are suffering from a prevalence of measles and typhoid fever. All the towns are burthened with a great number of sick, to whom the people never weary in acts of kindness and hospitality."

A correspondent of the Memphis *Appeal*, writing from Richmond, says:

"I regret to be compelled to give you a most unfavorable account of the health of our troops now in the field. The inaction of the several large bodies of men in different portions of the commonwealth, for three weeks past, must be attributed chiefly to the crowded state of their hospitals. In the peninsula, the typhoid fever has been prevalent, though happily not in a malignant form. At Manassas and Aquia Creek, also, this malady has prostrated a considerable number. In Richmond, or rather in the camps around it, fifty per cent. of the troops have been stricken down with the measles. Private hospitals for the reception and better treatment of the invalids have been opened from day to day, until every street, almost every square of the city, has its long sick list, and the ladies are worn out in their attentions to the sufferers. They do not weary in the spirit of their good work; but excessive watching will exhaust the physical powers. As yet there has been no great fatality among the thousands of cases, but just as soon as a dozen have been discharged as well from a hospital, their beds have been filled, and there is no diminution in the number of new cases."

And a Captain of the Mississippi Nineteenth, writing to the same paper, under date August 25th, says:

"Since we pitched our camp here, gloom and sorrow have saddened the countenances of all, owing to the distressing fact that disease and death have prevailed among us. Our exposed condition during our camp on Bull Run, and the want of proper food and water, was a serious blow to this regiment and to all the troops that were likewise unfortunate. In proof of this, I will mention that out of forty-seven hundred in the brigade, only twenty-three hundred reported for duty on the 20th instant, and companies that before ordinarily turned out on drill and parade from sixty-five to ninety men, do not turn out now more than eight and ten files per day. The hardships and sufferings consequent upon the movements of Gen. Johnston's division of the army, which resulted in such a glorious success to our cause at Manassas, has, I dare say, prostrated fully one-third of his force. Nearly every day the sound of musketry proclaims the death of some Southern hero who has fallen a victim to disease in camp, and over whose grave blank cartridges are fired as the last military honor paid to the dead."

A correspondent of another paper, writing from Manassas recently, says, that going one morning to order a coffin to bury a deceased friend, he found thirteen orders ahead of him.

The above gives a sad picture of sickness in the Southern army. Why is this? It can scarcely be attributed to climatic influences. Although many soldiers of the Southern army in Virginia, live in a more Southern latitude, they have been, as yet, subjected to only a very slight change of temperature. On the other hand, the change to many of the National troops has been very marked. We must, therefore, look to other than climatic influences to account for the remarkable difference in the sanitary condition of the National and insurrectionary forces.

To our mind the difference is attributable mainly to the appointments of the two armies. While many in the Southern troops are poorly clothed and provisioned, and are otherwise improperly cared for, the National troops are abundantly provided with all that is essential to the health and comfort of the soldier, not the least important of which is suitable clothing, *with flannel next the skin*. We believe that this recommendation, which was early made, has been generally observed. The rations of our army, too, are good, and the strict discipline to which the troops are subjected, enforces an observance of the laws of temperance and sobriety. In the treatment of disease, also, we have a decided advantage over our antagonists, in that they are deprived of the means of procuring appropriate remedies, the blockade having prevented their replenishing their exhausted stock of medicines. The hospital accommodations of our troops are also, in the main, greatly superior to theirs.

Much of this favorable sanitary condition of our army is, no doubt, due to the efforts of the Sanitary Commission, which early offered its services, and whose organization and labors have been fostered and encouraged by Government, as well as to the untiring energy and devotion of Miss Dix and her corps of nurses.

SEA-SIDE HYGIENE.

The hygienic influences of the sea-shore, in regard to both its atmospheric and bathing advantages, are well appreciated by the medical practitioner. He does not view the annual resort to the beach, in its popular aspect to the gay and idle, as merely a luxury, but as a sanitary necessity. The yearly pilgrimage seaward is not an ephemeral fashion. The custom dates remotely, and recent times have given an increased appreciation of its hygienic merits.

All seaside countries throughout civilization have popular sea-bathing resorts on their coasts, and it is only the want of convenience of access that has probably prevented the custom of visiting the beach by health or pleasure seekers from being almost universal.

The hygienic value of the sea-shore, in its powerful tonic and eutrophic influences, has recently been utilized abroad by the establishment of a Sea-bathing Infirmary, and also a Hospital for Convalescents, on the sea-beach.

These philanthropic efforts to make the benefits of the sea-shore accessible to the working and poorer classes, is well worthy of imitation in this country. As illustrating the appreciation of the merits of an immersion in sea-water in inland countries of Europe, it may be mentioned that an apparatus has lately been contrived and used in hospitals for enveloping the patient in a spray of water brought from the sea. Fine jets are forcibly thrown on his body, and he is thoroughly bathed with the water, whilst so small a quantity is consumed that the process can be conducted economically. A complete and somewhat prolonged bath, can thus be administered with the consumption of but one quart of sea-water.

In this country an extended sea-beach, possessing a delightful and equable climate, and a gently-sloping, surf-beaten strand, which is readily accessible, gives us all in its way that can be desired. A great impulse has of late years been given to the custom of sea-side visiting for health or recreation, by the rendering of an eligible beach conveniently accessible by railway. This was something a long time desired, and the public have shown an appreciation of the facilities presented, by thronging its terminus at the sea, and where was, but a few years ago, a desert shore, which "heard no sound save its own dashings," is now an elegant resort, bearing appropriately the name of the ocean that rolls on its beach.

The selection of the beach, on which Atlantic City has arisen, for a popular sea-side resort, was made, with many reasons for its peculiar adaptation to the purpose. The proximity of the Gulf Stream to that portion of the coast causes an almost equable temperature of the water to prevail from spring until late in the autumn, and the same cause influences similarly the atmosphere. Agreeable bathing can thus be continued through a longer season than at any other resort on our coast, the temperature of the water being, with little variation, about sixty-nine or seventy degrees. Similar influences, probably, equalize the temperature of the air, the dryness of which is remarkable for a location on the shore. The temperature, during the summer, averages sixty-eight or sixty-nine degrees.

The hygromertic state of the air from the ocean, which so oppresses and debilitates many invalids at most places in proximity to the sea, is entirely absent at Atlantic, and sea-fogs never prevail. The explanation of this atmospheric state is, probably, to be found in the circumstance of the island being surrounded on all sides by salt-water, without any admixture from fresh-water bays, and so maintaining a circle of corresponding degree of temperature both of water and air.

Medical practitioners throughout the country are frequently consulted in regard to locations for the temporary sojourn of invalids, and the facts here presented, are with the object of bringing to their notice the merits of a comparatively new location on the sea-board, where the accommodations and general hygienic advantages exceed, it is believed, those of any other summer resort in this country.

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Formerly medicine partook more of doctrine; it was the expression of the studies and thoughts of individual philosophers. Now medicine is essentially clinical, and flourishes where abound human beings who are the heirs of disease.—*Lancet.*

EDITORIAL NOTES AND COMMENTS.

The Treatment of Delirium Tremens by Large Doses of Tincture of Digitalis.—Our exchanges continue to bear unequivocal testimony to the value of large doses of tincture of digitalis in the treatment of delirium tremens. In a late number of the *Medical Times and Gazette*, Dr. Francis E. Cavey, of Guernsey, mentions several cases of the successful use of this remedy after the entire failure of the opium treatment. He gave the tincture of digitalis in half-ounce doses, with an equal quantity of gin, and in every case found one dose sufficient. He did not find the digitalis to cause diarrhœa, vomiting, or an increased urinary secretion. One case in which the digitalis was given, was an epileptic, who had also serious disease of the heart—an aortic systolic murmer, with extensive hypertrophy. No evil effects whatever resulted in this case.

Our own experience with large doses of the tincture of digitalis in the insane department of the Philadelphia Hospital has also been very satisfactory, both in cases of delirium tremens, of which we receive a great many, and in cases of high mental excitement usual in the wards of a hospital for the insane. We usually give it in combination with an equal quantity of fluid extract of lupulin, giving a tablespoonful every two or three hours. Sleep usually supervenes after two or three doses have been administered.

NEWS AND MISCELLANY.

Philadelphia Hospital.—The new lecture room of the Philadelphia Hospital is now nearly completed. It has the form of an amphitheatre, capable of seating about five hundred persons, and is well lighted and ventilated. It will be convenient of access for patients by separate entrances from male and female wards on the different floors of the hospital. Adjoining the lecture room on one side is the laboratory, and the room of the Curator of the Museum, and on the other the dead-house, including its conveniences for pathological research. The location of the lecture room is on the north side of the hospital building, making it very accessible from the gate opening into the hospital grounds.

The liberality of the managers of the hospital in opening its great clinical advantages free to all students, and the erection of a commodious lecture room for their convenience deserves the commendation of the profession.

Illness of Louis Napoleon.—It is reported that the Emperor is seriously affected with a urinary disease, either diabetes or albuminuria. He has been recently under medical treatment at Vichy, and presented to his physician, Dr. Alquié, a jewelled snuff-box enclosing an autograph letter.

A Slide Down Mont Blanc.—A correspondent of the *London Medical Times* gives the following remarkable account:

"A party ascending Mont Blanc, consisting of Messrs. H., B., and others, all first-rate mountaineers, with their guides, had slept out all night, and after breakfast Mr. B. left the others for a few minutes, being on a slight slope near a precipice. In returning to the party Mr. B. slipped, fell on his back, and then over. He slid down 1,500 feet, at an angle of 45° by measurement, and at a velocity of not less than sixty miles an hour, over frozen snow covered by little peas of ice like hail, and being brought up at a crevasse by the collected snow in his clothes; this owing to the arrangement of his dress at the time of the accident (his trousers down), which no doubt saved him, by tying his legs together. Dr. Metcalfe was sent for to St. Gervais late that night, and arrived there at six A. M., the following morning. He found Mr. B., a young gentleman of nineteen, in a state of collapse, wrapped in cold wet sheets, which were at once removed and restoratives given until reaction set in. Sensible; no alteration of the pupil; face looking like that of a man four or five days in the water, covered with blood, much swollen; skin off the right side of the nose and face; forehead abraded; hands burnt black on the backs, swollen, the fingers as if the ends were ground down on a coarse grindstone; nails all right; arms and elbows clear from wounds, but bruised from under the left arm to the ankle; the side scratched in every direction, as if with a sharp curry-comb, the right side not marked so high; the calf of each leg on the outside is fairly burnt black and dead, back of the calf unhurt; nates burnt off by the friction, and sides of the thighs the same, these parts being red or white. Not much pain in any part, and after reaction came on, but little wandering. Pulse from 0 got to 120, weak, thready, intermittent; stupor considerable; memory good: head not affected beyond what any severe shock would cause. Diarrhœa came on with much irritation, frequent micturition: urine copious, dark, clear; thirst great; tongue white, pale. There was no blame attributable to any one. He fell at 7 A. M., and got to St. Gervais at 6 P. M., after a most perilous carriage on a portable sledge. No bone broken. Dr. Metcalfe has been unremitting in his attention, and informs me that he is doing well, and in a few weeks will probably be all right, and not marked or injured in any visible way. He is sensible, and has been up already. This is a very interesting example of a severe 'brush-burn,' and the consequent shock to the system."

Dr. O. C. Gibbs, of Frewsburg, N. Y., has been offered a professorship in the New York Medical College. He has, however, been compeled to decline the honor.

Dr. Agnew's Course on Operative Surgery is announced to commence about the first of October. Abundant materials in the way of manakins and apparatus for surgical dressings with which the course will be illustrated, have been collected and arranged in an apartment devoted to the purpose in the Philadelphia School of Anatomy. These demonstrations of operative surgery will not interfere with the regular anatomical study, but rather tend to increase the interest in the subject by showing it to be the essential basis of surgical art.

Physical Training.—Among the Parliamentary papers recently issued, says the *Medical Times and Gazette*, are two small volumes containing some information collected by Mr. Edwin Chadwick during the recent education inquiry. Mr. Chadwick shows in these papers that the present practice of long hours of teaching is a wide cause of enervation and predisposition to disease, and induces also habits of lislessness and dawdling. The half-time system is found to give nearly, if not quite, as good education as the whole time; and common sense tells us that a boy who has acquired the same amount of knowledge in half the time of another boy must have obtained a proportionately superior habit of mental activity, It is this alertness, combined with the bodily aptitudes created by drill, that gives the comparatively stunted boys of the town a preference over the strong robust lads from the coast. Good schoolmasters say that about three hours a day are as long as a bright, voluntary attention on the part of children can be secured, and that in that period they may be really taught as much as they can receive; all beyond the profitable limit is waste.

Surgical Instruments in the International Exhibition of 1862.—The Committee on Surgical Instruments announce that "they are prepared to receive and consider applications for space, and otherwise co-operate with and facilitate the views of intending exhibitors. The action of the Committee extends not merely to the advantageous exhibition of the ordinary trade productions comprehended under the head 'Surgical Instruments,' but also of apparatus, appliances, and inventions of every description having relation to the science of Medicine, or employed in the investigation and treatment of disease. The Committee trust that in the interest of the branch of industry they represent, the medical journals will be good enough to give as extended a publicity to their intentions as possible."

DIED.

Foulke—In this City, Sept. 6, Antrim Foulke, M D., in the 69th year of his age.

Quekett.—Mr. Quekett, the eminent microscopist, died in Berkshire, England, on the 20th of August. He had attained an eminent position by his researches in natural science, and was best known in this country by his Practical Treatise on the Use of the Microscope. He was Professor of Histology in the Royal College of Surgeons, England, and Curator of the Hunterian Museum.

To Correspondents.

C. P.—The principle of treatment in coxalgia with Sayre's or Davis's instrument, is continued extension of the limb, without interference with locomotion. Inflamed surfaces within the articulation are kept apart, and the health of the child is not impaired by confinement. The treatment is a vast improvement on previous methods, reducing the time required for cure. and preventing suffering. The proper instruments may be had of the instrument-makers in this city.

S. G—The hypodermic syringe, ordinarily in use, holds half a fluid drachm. It would be well not to exceed the injection of half a grain of the acetate of morphia at the first administration.

M. D—It would save trouble and insure accuracy, to have a cast of the deformed foot taken, and send it by express to the instrument maker.

G. S. M.—Since the publication of the article in this journal, on the use of the Mullein (*Verbascum Thapsus,*) in chronic bronchial affections, we have had two instances favorable to its efficiency, reported. The dried leaves are smoked in an ordinary pipe.

☞In looking over our stock of Reporter's on hand, we find a surplus of some numbers, of which some of our collaborators may desire to possess the copies containing their communications. Any such who will send us their address, enclosing one dollar, shall be supplied with such number of copies as will satisfy them. First sent first served. tf.

Communications Received.

Connecticut.—Drs. C. D. Wright and G. B. Hawley, Dr. J. Lines, with encl. *District of Columbia*—Dr. A. A. Woodhull. *Illinois*—Dr. M. Davis. with encl. *Indiana*—Per Jno. Hulme: Drs. W. W. Paige, W. B. Wilson, C. Badger, and D. H. Henry, each with encl. *Massachusetts*—Drs. O. S. Sanders, N. Allen, W. Engalls, W. Bass, and J. H. Gilman. Per J. G. White—Drs. M. P. Wright, R. S. Allen, C. Provencher, A. Smith, S Gardener, L. M. Mann, G. W. Garland, W. H. Burleigh, A. J. French, J. H. Morse, E. Seyffarth, J. O. Connell, J. Tewksbury, J. C. Emery, M. J. Hill, A. Ordway, W. E. Boynton, H. Dickey, E. Huntingdon, W. M. Herrich, E. F. Ketteridge, G. F. Chase, N. Allen, W. H. Jackson, W. Bass, J. H. Gilman, S. Perham, A. E. Hoyt, F. Leland, W. M. Logue, S. M. Mann, S. M. Adams, G. J. Arnold, F. J. Stephens, J. Crowel, B. E. Sawer, E. Thayer, G. J. Wilber, J. P. Ordway, N. C. Lewis. B. Lockwood, M. Harwood, R. Kirkpatrick, J. H. Stickney, each with encl. *Maine*—Dr. F. H. Chase. *Michigan*—Per Jno. Hulme—Drs. E. Bitely, R. S. Griffin, J. T. Keables, M. Porter, J. Robertson, J. Loomis, S. Richardson, and J. Anderson, each with encl. *New Hampshire*—Per J. G. White—Drs. L. I. Sawer, S. K. Locke, N. P. Carter, and G. Gray, each with encl. *New Jersey*—Dr. Franklin Gauntt. *New York*—Dr. F. R. Bentley, with encl., W. A. Townsend [2], Drs. J. Swinburne and O. C. Gibbs. Wade & Ford, [adv.,] with encl. Per H. B. Cross—Drs. H. Mecker and A. Goodspeed, each with encl. *Ohio*—Dr. I. Young, with encl., Dr. E. B. Stevens, J. H. Pulte, K. G. Thomas, J. F. Johnson. *Pennsylvania*—Dr. A. G. Ely, with encl, Dr. J. G. West, Dr. A. Parsons, with encl., Drs. J. L. Atlee, S. Pancoast, J. Garman, S. Kleckner, J. N. Snively, Curwen, H. H. Smith, S. R. Savage, H. H. Roberts. *Vermont*—Per H. B. Cross—Drs. S. E. Ranney, and F. N. Burdick, each with encl. *Wisconsin*—Dr. C. L. Stoddard.

Office Payments—Drs. J. R. Myrtin, H. S. Jacoby, M. R. Gryder, W. M Dorland, and Dr. Shive. Per Mr. Swaine—Drs. Tompkins, Witmer, Hamilton, Freeman, McCrummel, Hornberger, and Mundy.

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Harrisburg, September 9, 1861.

A BOARD OF SURGEONS for the examination of CANDIDATES for the post of SURGEON and SURGEON'S-MATE in the Pennsylvania Troops, will assemble in Harrisburg, at the Hall of Representatives, WEDNESDAY, October 2d, 1861, at 9 A. M., when and where all desiring appointments will present themselves.

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MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 257. } PHILADELPHIA, SEPTEMBER 21, 1861. { NEW SERIES, VOL. VI. NO. 25.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

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No. 47.

MEDIAN SUB-HYOID REGION—*Continued.*

The thyroid body is subject to certain morbid conditions, which require for their explanation some description of its minute anatomy. When we attempt to tear it apart, it will be found to be dense, and capable of offering considerable resistance. When the capsular envelope is cleared away, its surface resembles that of an ordinary racemose gland, such as the parotid, both in the color and the little masses or lobules of which it is composed. These are united by connective tissue, which exists in great abundance in this body. These masses are separable into elementary parts, which are vesicles connected to one another by more minute divisions of the fibres constituent in which they lie, as in a kind basis substance. The connective tissue consists of both white and yellow or elastic fibres.

The *vesicles* are parts of great interest. They possess walls of a homogeneous structureless membrane, the inner circumference of which supports a layer of small nucleated cells, the balance of the vesicular cavity being occupied by a fluid somewhat ropy in its consistence, and varying in color from white to yellow. It is a matter of no small difficulty to determine what the normal condition of these fluid contents is, nor am I aware such accuracy is claimed by any investigator. Every one who has been in the habit of examining such by microscopic observations will have been struck with the want of uniformity in their appearance. It is probable that in the true physiological state, the contents are free from granules and nuclei, which exist in many instances.

Fig. 45.

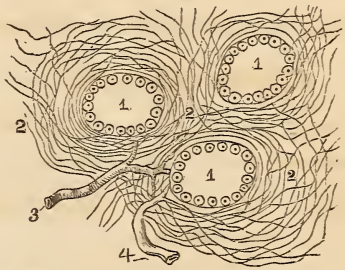

Fig. 45 exhibits a small section of the thyroid gland. 1 1 1, three gland vesicles embedded in an intermediate connective tissue 2, 2, 2. These vesicles have a homogeneous wall, and are lined inside with nucleated cells. 3 is a branch of an artery, and 4, a vein, as they appeared in the section.

Blood-vessels.—The arteries are remarkable for their number and great size, and are the *superior thyroids*, from the carotids; the *inferior thyroids*, from the sub-clavians, and occasionally the *middle thyroid*, from the innominate or aortic arch. The branches multiply as they pass through the connective tissue, and after penetrating to the elementary gland vesicles, spread over each a plexus remarkable for its beauty and minuteness. These capillaries do not penetrate the walls of the vesicles.

Fig. 46.

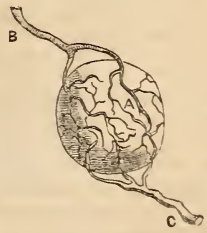

Fig. 46 shows one of the elementary gland vesicles, with a plexus of capillaries over its surface. B, the artery: C, the

vein. The injection has not penetrated as minutely as desired, and therefore the plexus is not so marked as it really exists in nature.

Veins.—These end, some in the internal jugulars "*superior thyroids,*" others in the innominate vein, "the *inferior thyroids.*" The latter by communicating trunks form quite a plexus in front of the trachea.

Nerves accompany the arteries, and are supplied by the sympathetic as it passes through the neck.

Sympathetic filaments of nerves exist in considerable numbers.

Practical Remarks.—The pathological conditions which give rise to alterations in size and composition, are various.

First—Of Size.—This may be *temporary* or *permanent.* A tumor may press upon the thyroid veins, which, by embarrassing the circulation, will induce an enlargement by accumulation of blood, and which readily subsides on the removal of the cause; or, a sudden *exudation of serum* may pass from the vessels, diffusing itself through the meshes of the connective interlobular tissue. Much of this being made up of elastic fibrils, will allow of considerable stretching, so that a sudden increase in the bulk of the body may rapidly occur. This state corresponds to the hydrops cellularis in other parts of the body. I have known such effusions from obstruction to the venous circulation in cases of thoracic disease suddenly appear, and as rapidly disappear. There is, however, a more permanent enlargement constituting hypertrophy. This condition is, unquestionably, often determined by local causes, individual habits, and sex. Thus, in the gorges of the Alpine range of mountains, it prevails to an extraordinary extent, and very often associated with cretinism. Whatever influence local conditions may exert, it is quite possible the prevailing habit of bearing heavy burdens upon the head up the mountain slopes, may contribute to the production of this result, as the muscular exertions necessary to support and maintain the weight in an equilibrium, would invite a large amount of blood to the cervical region.

The vessels in these cases of hypertrophy are often very large, and if the body be carefully examined, its size will be seen to depend on a great increase of the connective constituent which may be found in every stage of development, from the smallest spindle-shaped cells to the perfect fibre. In addition, the small vessels, at least many of them, have numerous dilatations here and there, similar to those described by Paget as among the phenomena of inflammation. The walls of the elementary vesicles are thickened, and, under certain circumstances, Rokitansky alleges, these gland vesicles are multiplied. If so, it is probably by a repetition of that process which is noticeable in its development, multiplication by division of the vesicles.

Masses of coagulated blood are also found scattered at isolated points through the gland, evidently proceeding from the rupture of some vessels under blood-pressure.

Cysts—These are frequently met with, and may be very numerous. Their formation may be explained by the dilatation of the primary gland vesicles in consequence of accumulations within. They may coalesce until the whole body becomes one vast expanded cyst. These cavities may contain a fluid more or less transparent, containing granules, nuclei, and cells, and coagulating by heat, or the addition of nitric acid, proving its albuminous nature; or they may be filled with a gelatinous matter, the so-termed colloid.

The gland may undergo calcareous metamorphosis, or cartaliginous.

Abscess is not common. Its relation to the trachea and larynx is such that, in the event of ulceration occurring in the latter, a purulent accumulation might discharge into the air passages and destroy life.

Carcinomatous disease of the thyroid gland may be considered an uncommon occurrence, and, when present, as consecutive to the existence of the affection in some other situation.

The Kidneys and Urine: their Condition in Pulmonary Tuberculosis.

By A. P. Dutcher, M.D.,
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PART FIRST.

The office of the kidneys is to separate certain nitrogenous materials from the blood which are no longer fit for circulation, and, if retained and suffered to accumulate, they soon lead to disease and death. A recent writer enumerates more than twenty serious disorders, which may and do frequently result from an imperfect performance of the functions of the

kidneys. Uræmic poisoning sometimes steals upon an individual insidiously, and will produce mock symptoms of disease, which will deceive the patient and mislead the physician, unless he is on his guard and is very careful in his diagnosis.

I had a good illustration of this a short time since. Mr. C., aged fifty-five, had been ill for six weeks, under the care of Dr. S. Not getting any better, I was invited to see him. His pulse was quite feeble, and only forty per minute in the recumbent posture. Respirations, twelve per minute; tongue, dry and red; skin, sallow and dry; bowels, alternately relaxed and constipated; urine, scanty and very high colored—only four ounces passed during the last twenty-four hours; complains of pain in the back of the head and neck; has constant vertigo when attempting to sit up, and is unable to bear his weight upon his feet and legs. His mind has lost its vivacity, and his memory is very much impaired. He sleeps most of the time, but is easily aroused; says his sleep is very much disturbed by frightful dreams; his appetite is very much impaired, and digestion is badly performed; he has had several very severe attacks of vomiting. There is a strong urinary odor imparted to the hand by passing it briskly over his limbs. On several occasions he has had fever during the night. No albumen in the urine on the application of heat.

These symptoms all gradually made their appearance after a mild attack of influenza. Dr. S. regarded the case as one of softening of the brain, and had been prescribing accordingly. Tonics and restorative hæmetics had been used ad libitum, but without any advantage. I could not concur with the doctor in his opinion or treatment. The case lacked several distinguishing features of softening of the brain—such as flexing of the limbs, flaccid and hanging cheeks, and irregular and jerking respiration. We set his case down as one of uræmic poisoning, caused by sub-acute inflammation of the kidneys. The patient was recommended to be freely cupped, every other day, over the region of the kidneys, and to take one of the following pills every six hours:

℞.—Ext. eupatorium purpureum, gr. xxx.
Hyd. chlor. mit., - gr. vi.
et in pil. No. vi. div. M.

Under the use of this prescription, he improved very rapidly, and in two weeks regained his usual health. After his recovery, he informed me that he had always been in the habit of passing a great deal of urine—sometimes as high as two quarts during twenty-four hours. It will at once be seen how detrimental it was to his system, when the quantity only amounted to four ounces during that space of time. How it depressed his nervous system, poisoned his blood, deranged his digestive organs, paralyzed his muscular system, and rendered him as helpless as a child.

But we were to consider the state of the kidneys during the progress of pulmonary tuberculosis. Uræmia is occasionally associated with phthisis, from Bright's Disease of the Kidneys. I met with an instance of this kind last winter. Death occurred from the renal complication before the tubercular disease had proceeded to the stage of softening. The patient was a young man, aged twenty. When I first saw him, he had not been well for three months. His pulse was one hundred and one, and respiration, thirty. There was dullness and dry crackling at the apex of the left lung, with prolonged respiration in the right, and sub-crepitant ronchus over the inferior lobes. Cough and expectoration very moderate; the latter did not amount to more than a table-spoonful during the day. His mouth was very dry, and he complained of great thirst, particularly at night. Thompson's gingival margin was very clearly defined: his skin was sallow, hot, and very dry; his feet and legs were œdematous; his mind was greatly oppressed, and he had the most gloomy apprehensions. He complained of pain in the back of the neck and head; was quite stupid all day, and very restless at night; appetite very bad; bowels relaxed, and painful to the touch.

The urine was scanty, clear, and of a bright straw-colored appearance, and, on the application of heat, yielded a large quantity of albumen; when examined by the microscope, fat globules, epithelium, uniferous tubes, and pus cells were found. Its specific gravity was 1008, and it was very deficient in the earthy phosphates. The quantity of urine passed, during the twenty-four hours, was estimated at six ounces. During health, he usually passed about two pounds. There was considerable irritation of the bladder, and on two or three occasions, during the past month, he had voided considerable blood with his urine. Purpuric spots were also quite visible upon the arms and legs; this circumstance was the first symptom which led me to a careful examination of the condition of the kidneys,

for, in young persons, I regard purpura as a very significant symptom of granular disease of the kidneys; indeed, I have never met with but one or two cases where it was not present.

The treatment of this patient was tonic and diuretic, with a generous diet and a liberal quantity of oil. Under it, he made some improvement. The dropsical symptoms quite disappeared; his mind became more cheerful; his bowels were regular; the urine more abundant; his skin more moist; and, in a word, his strength so much improved that he was able to ride several miles in the course of the day. The weather being warm and pleasant, he now went on a visit to some of his friends who resided in a neighboring county.

On his return home he appeared much better; but this was of temporary duration. The renal symptoms became more troublesome, indeed, his pulmonary malady was in a great measure masked by them. His mental faculties were reduced to child-like simplicity, his memory so failed him that he could scarcely recognize his most intimate friends. At times he was quite comatose, and it was with great difficulty that he could be aroused. His skin became more deeply sallow; his pulse and respiration very slow and feeble; the urine in a great measure suppressed; stomach irritable, and bowels very much relaxed. The face was slightly œdematous, but the extremities were free from any marks of effusion. He died perfectly comatose in about three months from my first visit.

Post-mortem examination revealed the following local lesions: on opening the cranium, the membranes were found quite healthy; on removing the brain, it was found very firm, and finely injected; about one-half ounce of clear fluid was discovered in each lateral ventricle, but in other particulars the brain was healthy.

The superior lobe of the left lung was slightly adherent at the summit of the apex, very much congested and studded with numerous tubercular deposits. The inferior lobe was very much congested, but contained no tubercles. The superior lobe of the right lung contained a few scattered semi-transparent tubercular deposits the size of a small pea. The middle and inferior lobe was slightly congested, and somewhat redder than usual, and the pleura contained about eight ounces of serum. The heart was much smaller than natural, and the pericardium contained five ounces of fluid.

The mucous membrane of the stomach was red and injected; some ulcers in the small intestines, and others of larger dimensions in the cæcum. The colon and other viscera of the abdomen were healthy, with the exception of the kidneys. These were both smaller than natural; their external surface appeared shrivelled, shrunken, granulated and fissured. In cutting into them, the cortical substance was found very much wasted, and in some portions granulated. On a microscopical examination, the uriniferous tubes were found to be quite altered in their structure and stripped of their epithelium. Oily matter, in the form of minute molecular granules in considerable abundance. The Malpighian tufts were shrunken, and obscured by fibrinous exudation. The arteries and the veins also manifested marks of degeneration, and the latter contained firm coagula of blood, which, in some of them were closely adherent to their walls. The lining membrane of the pelvis was very soft, and in spots exhibited a few small ulcers; the ureters were red and congested. The bladder was contracted, but presented no morbid alterations.

This patient died from cerebral congestion, which was induced by uræmia. This, we confess, is a very unusual complication of pulmonary tuberculosis, and when the slightest symptoms of Bright's disease present themselves during the progress of a case, we should regard them in the most serious light, and should make a very guarded prognosis. According to some tables made out by Dr. Rees, of the Brompton Consumptive Hospital, London, Bright's disease does not occur more than twice in one hundred cases of phthisis. In most of the instances recorded by him it resulted in œdema of the lungs, and terminated the case very abruptly. We have never met with a case of phthisis terminating in this manner; but that our readers may get a very clear idea of the symptoms and pathology of a case of this description, we will present a brief synopsis of one from Dr. Thompson.

The patient was a young man twenty-one years of age. He had enjoyed good health until the age of nine, when he had an attack of scarlet fever, followed by dropsy; seven years after this he had influenza, which was succeeded by œdema and bloody urine; from this time until three months before his death, his health was very poor, but he was able to attend to business. In addition to his dropsical symptoms he had cough and hectic, for which he was advised to go to the country. He was

benefited by his visit, and considered himself quite well on his return home.

But the day after his return he was suddenly attacked with spasmodic cough, hoarse voice, and oppressed breathing. Dr. T. was now requested to see him, and found him with the following symptoms: "Slight dulless on percussion over the left side of the chest, but no bronchophony, and the only important physical sign was a delicate, sub-crepitant rhonchus over the whole chest. The patient's hands had a pale wax-like appearance; the bites of some leeches applied the day before were still weeping thin blood, but there was no œdema of the eyelids or ankles. No opportunity occurred for an examination of the urine, but the diagnosis of œdema of the lungs as a result of Bright's disease, was confirmed by the previous history.

"He died within two days of my visit. On inspection, after death, some pleuritic adhesions were observed, and slight consolidations of lung on the right side, but not sufficient to make it sink in water. The pericardium contained about four ounces of serum. The heart exceeded its natural size by about one-half. The principle morbid appearances, however, were in the lungs and kidneys. The former were charged with serum, which flowed out copiously, wherever incisions were made, and did not collapse until freed by compression from the fluid with which they were infiltrated. The kidneys were much enlarged. The left, which I now show you, is twice the natural size. A palish deposit varies its surface, and is so diffused throughout its substance as to render indistinct the difference between the cortical and vascular portions.

"This case is very instructive, and the narration of it may guard you against being taken by surprise, should any similar instances come before you. If, in any phthisical patient, you find the urine permanently albuminous, remember that death may occur from pulmonary œdema long before the tubercular disease has made any serious progress."*

PART SECOND.

But some may be ready to ask, is there any peculiarity of urine which is characteristic of pulmonary tuberculosis? To answer this question properly, it will be necessary to take a brief view of the urine in a state of health, and contrast it with that as we find it during the progress of this disease. First, then, as to its specific gravity. According to Dr. Prout, the specific gravity of healthy urine is about 1020. Simon, however, states it at not more than 1012. But both of these estimates we regard too low, for we have often found it as high as 1025. Now in phthisis, as a general thing, its specific gravity will not exceed 1010, and in those cases attended with profuse hæmoptysis, I have, in several instances, seen it fall as low as 1005. It is remarkable, sometimes, to notice the diminution of its specific gravity, as it gradually keeps pace with the increasing mutations in the pulmonary organs, and the development of the tubercular diathesis. In the pretubercular stage we will find it almost normal: in the stage of deposit somewhat reduced, 1015; in softening and expulsion, particularly if attended with much inflammation, it may be somewhat increased again, 1020; in the last stage, under the gradual failing of the vital powers, it will be very low.

Diet, and certain therapeutical agents, will also increase or diminish the specific gravity of the urine. It is well known that coffee and tobacco perceptibly lessen its specific gravity, while iodine and iron increase it. In phthisis, proper treatment will greatly increase it. A young man applied to me for advice, with the following symptoms: Pulse 102 per minute, respiration 28, countenance pinched, skin blanched, Thompson's gingival margin very marked, cough and expectoration of mucopurulent matter, and hectic. Urine scanty and very pale, specific gravity 1009. Cavernous respiration, and cracked-pipkin sound at the apex of the right lung, pointing out the existence of a considerable vomica in that part. No abnormal sounds on the left side. I gave a guarded prognosis, and prescribed cod-liver oil, iodine, and iron. In nine weeks there was marked improvement; his hectic symptoms had disappeared: cough and expectoration moderate; appetite good; has greatly improved in flesh and strength, specific gravity of the urine 1020. This patient made a good recovery, and now, after four years, all that I can discover from an examination of his chest, is slight fluttering under the right clavicle, and a little increase in the frequency of the respiration. The approximation of the urine to its normal specific gravity during the progress of this malady, we regard a very favorable omen, and in making out our prognosis, we will do well not to neglect its teachings.

* Thompson's Lectures on Consumption, page 130.

The chemical constituents of the urine in this disease are not found to vary much from the healthy state. The following table is from Simon. In one hundred parts of solid matter he found—

Urea,	33.80
Uric acid,	1.40
Ext. matter, ammonia, and chloride of sodium,	42.60
Alkaline sulphates,	8.14
Alkaline phosphates,	6.50
Phosphates of lime and magnesia,	1.59

From the experiments of several chemists, it appears that a certain relative proportion of uric acid and urea are essential to a healthy state. In pulmonary tuberculosis it has been found that this relation is disturbed, as the following tables will show:

	A case of advanced phthisis.	A person in health.
Solids,	64.08	67.00
Urea,	23.90	30.10
Uric acid,	2.40	1.00
Salts,	10.00	15.29

Simon gives the analysis of an advanced case of phthisis thus:

Water,	975.95 grains.
Solid constituents,	24.03 "
Urea,	9.00 "
Uric acid,	1.25 "
Specific gravity,	1014.7 "
Quantity,	16.2 ounces.

Dr. Bird made the following analysis in the early stage, before softening:

Water,	19.125 grains.
Solids,	936 "
Urea,	328.5 "
Uric acid,	4.5 "
Specific gravity,	1020 "
Quantity,	45 ounces.

I believe it may be stated, as a general rule, that whenever, from any cause, rapid waste of the system is proceeding, an excess of uric acid will be found in the urine. Such is always the case in phthisis, if it be not complicated with Bright's disease; in this case, as a matter of course, all the normal constituents must be notably deficient.

But the chief peculiarity of the urine in phthisis, particularly when there are large suppurating cavities in the lungs, is a production called *Eurærythrin*. This is a beautiful carmine precipitate combined with lithate of ammonia, which appears necessary to produce it. This precipitate is seldom found in any other disease, excepting some of the more serious organic affections of the liver. Some writers have confounded it with another urinary deposit known by the name of *purpurine*. But there is quite a difference in these two sediments, and they are found in the urine under very different circumstances. Purpurine is frequently present in the urine in several disorders that are not attended with suppuration, such as congestion of the liver, rheumatism, and neuralgia, and will sometimes be deposited in large quantities, without the addition of any chemical; while curærythrin occurs only in suppurative disease, and then very seldom as a free deposit. This sediment never appears in the urine only in the last stage of the disease, when numerous suppurating cavities have formed in the lungs, and when the vital powers are nearly exhausted, we may look upon it as a very grave symptom, and consider the dissolution of our patient very near at hand.

The Antrum of Highmore, and its Diseases.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

DISEASES OF THE MOUTH—*Continued.*

Twelve years spent in a direction of practice which should have afforded me every opportunity for observation, and as well a scope of view, which necessarily offers to one who is not an unfrequent visitor at hospitals and clinics—these, united with a fair acquaintance with the literature of the subject, combine to impress me with the truthfulness and propriety of the conclusion, that the diseases of the antrum, outside of such tumors as I have described, are, for the most part, simple in character, easy of diagnosis, and not, as a rule, at all difficult of treatment. Indeed, I have not unfrequently thought, that, for the purpose of general study, one would not be entirely without justification in asserting that there were but two principal sources of trouble to be found in this cavity; the first, and prominent, being lesions secondary to the diseases of the teeth. The second, the troubles common to mucous membranes, wherever situated.

Certain I am, at any rate, that, without fear of successful contradiction, I may assert that the great majority emanate from the first of these directions; while the atonic condition, represented by the dropsies, the puruloid secretions, the mucus engorgements, the ulcerations,

etc. etc., are nothing different from the ordinary mucoid affections, except as modifications may be made by situation, the last being conclusively proven, I think, by the fact, that what is the cure of the one is the cure of the other.

While thus asserting, however, that in these two directions lie the chief sources of trouble, I would not, by any means, be understood as implying that the subject is unworthy investigation outside of such considerations; on the contrary, I am bound to confess that I find recorded more than one description of diseases of the cavity, which to me, at least, are as anomalous on principle as they are in description, and which I can only explain on the ungenerous supposition that the authors must have drawn somewhat on their descriptive powers, or, otherwise, that the antrum has some of the strangest of strange anomalies.

Again: as a class coming between these uncommon and the common affections, we have it, not at all indirectly, that there exists certain sequela of certain of the exanthemata which have a special and peculiar affinity for this cavity; while, in syphilis, I have, I think myself, seen the very first event in the secondary train exhibiting itself in a disturbance of this cavity. That this latter, however, is rare, I well know from observation extending over thousands of cases in Philadelphia Hospital; indeed, syphilitic troubles of the antrum are so infrequent even in the tertiary stage of that affection, that my observations would lead me to infer that the cavity never takes on the diseases unless when, from continuity of structure, it absolutely has forced upon it, as it were, the trouble, either from its relationship with the hard palate in the oral direction, or with the turbinated bones in the nasal; for, while the practitioner will surely hear complaints, yet, if he investigates the cause of trouble, he will find, as I have so often found, that mercurial inflammation of periodontal membranes is the source of offence, rather than the specific condition.

Accidental Injuries.—Clumsily performed surgical operations are occasional causes of morbid conditions being set up in the cavity, and which, when existing, would, of course, be so evident as to force the consideration of them upon the attention—the most common of these being the breaking of the fangs of teeth in attempts to extract these organs.

With these preliminary remarks, we will pass, then, at once to a consideration of the premised principal cause of antral trouble—diseased teeth.

In the second of this series of papers—"Anomalies of Dentition"—I directed attention to the close relationship of the fangs of several of the teeth with the floor of the antrum, and to the fact that it was not unfrequent to find their fangs—particularly the palatine fang of the second molar—penetrating the cavity, thus associating their perosteums, and furnishing a continuity of structure.

In the same paper I called attention to such diseases and conditions of the alveolar border as were apt secondarily to affect the antrum, suggesting means of diagnosis and treatment. The reader, who may feel sufficient interest in the subject, might find it not amiss to review the paper alluded to, before proceeding to the consideration of the clinical cases I shall now present, and which I design shall illustrate this department of diseases of the antrum.

Case 1.—*Indolent Tumor on the Right Cheek.*—A woman had an indolent tumor on the right cheek about the size of a pigeon's egg, occasioning much disfigurement, but altering the color of the skin very slightly. The patient had often suffered violent toothache on this side, and, though young, had few teeth now remaining, and these all carious; otherwise she was in very good health. The tumor was prominent toward the cheek, palate, and nostril, yielded on pressure, and gave a slight noise as it returned to its position.

These symptoms caused M. Runge to suspect the existence of some fluid, which it was necessary to evacuate and follow, with suitable injections. For this purpose, the cheek was drawn aside, and an incision made into the bone above the gum, with a bistoury, enlarging it before and backward, till a sufficient opening was obtained, from which escaped an inodorous mucous fluid. The bone was at no point denuded of its periosteum, the wound was dressed with a pledget of lint saturated with spirits of wine, and the next day the patient was better. On the third day she was feverish, the sinus was swollen and painful, and the discharge acrid and fetid. These symptoms were controlled by proper remedies, and, after twenty-four days, the walls of the sinus were nearly restored to their normal condition.

The canine tooth of this side being very obliquely situated, M. Runge thought proper to extract it, and thereupon followed an escape,

through its socket, of fluid contained in the sinus, though the tooth itself seemed perfectly sound. Through this orifice injections were made. The opening made in the external wall healed promptly, without any exfoliation; in six months the tumor entirely disappeared, and the patient was cured. (From Baron Haller's Collection of Medico-Chirurgical Theses.)

The translator of the above case, in commenting upon the treatment, pointedly remarks:—"One cannot fail to see the uncertainty, not to say obscurity, of the treatment here adopted. Though all the teeth were carious, and their extraction was plainly indicated, an incision in the external wall of the antrum, or, more correctly, its destruction was determined upon. The result we see in the symptoms which supervened on the third day, which were, perhaps, hastened by the spirits of wine. We have here a canine tooth quite displaced and involved in the tumor; yet it was long before the idea of its extraction occurred, though the subsequent discharge, through its socket, proved how advisable it would have been at the commencement of the treatment. In this way the time of cure might have been shortened by half."

Case 2.—*Distension with Softening of the External Walls of the Sinus.*—In ——, says this same surgeon, I was consulted in the case of a large tumor of the right cheek. The external wall was much distended and softened, and yielded to pressure, upon the removal of which it gave a sound resembling the crushing of an egg-shell. The nose was turned to one side—the nostril was obstructed—yet the patient suffered no pain, and the skin, though distended, preserved its natural color. On examination of the mouth, I found that the crowns of the bicuspides and molars were destroyed by caries, which induced me to advise the extraction of their persistent fangs; the patient consenting, this was immediately done. The shock occasioned by the extraction of each of the fangs, caused a portion of fluid to escape from the sinus through the natural opening; it was thin, reddish, saline, and inodorous, and, in all, about three spoonfuls. The tumor could now be made to disappear by pressure, but would again return to its full size. Pressure caused no escape of fluid through the nasal, and but slight through the alveolar opening, which was at the bottom of the first molar socket, and large enough to admit the finger.

The internal membrane of the sinus was entire, except at the alveolar opening; through this I made injections of warm water, strengthened with a little alcoholic vulnerary fluid. The next day I injected the sinus repeatedly, with a decoction of agrimony* and honey of roses, meanwhile not neglecting external compression. In fifteen days the parts returned to their natural condition, all crepitation of the bone ceased, and the discharge was very slight. I now had recourse to stimulating solutions. On the second day the discharge had ceased, and the alveolar opening was reduced to a mere fissure, and in a month from the extraction of the teeth the patient was fully restored.

Case 3.—Periodontal abscess affecting the antrum: A patient was brought to me who, for more than three months, had suffered with a tumor like the above, on the right side. The maxillary cavity was distended to a level with the orbital margin; the nose was turned to one side, and the vault of the palate was remarkably prominent. I removed the fangs of the first two molars, the crowns of which had been destroyed by caries, and which I believed to be the immediate cause of the disease. I then enlarged the opening at the bottom of one of the sockets, through which escaped a large quantity of a serous inodorous fluid. Pressure upon the palate and external wall caused its escape through both the alveolar and nasal opening, and these compressions together with suitable injections, soon terminated the disease.

The teeth on the left side were in a similar condition, and I urged their removal; but the patient would not consent. In three months she came to me with a precisely similar swelling of this side, which I cured in the same manner.

Case 4.—Abscess of the antrum caused by a tooth: The following very interesting and instructive case is from the practice of Dr. White, of this city, and was reported for the Dental Cosmos by his son, Horace Meredith White, M.D.:

"Mr. S., aged twenty years; light complexion, peculiar whiteness of the skin, a characteristic of the family, had been complaining for some time of a fetid discharge from the right nostril; of heat, and a sense of tension in the right superior maxilla.

"He applied to his physician, who gave him a wash, with the belief that the parts would speedily return to their normal condition, he

* A mild tonic and astringent.

supposing the affection to be merely an increased discharge depending on a slight local hyperæmia, the result, perhaps, of the bad state of the weather at the time. The parts, however, did not recover, the discharge became much more fetid, and evidently was principally composed of unhealthy pus, though it was not as copious as it had been previously; the pain was not severe, but the heat of the parts more elevated, and the sense of tension increased. The patient was irritable and pale; the heat of the body was rather above the average temperature. This was the condition of the patient when he came under the care of Dr. W.

"Upon examining the anterior nares nothing could be discovered to account for the discharge; the mucous membrane being a little inflamed, but not sufficient to occasion it. A diseased state of the antrum was suspected, and the mouth was examined to ascertain if a diseased tooth could be the cause. The second molar, upper jaw, right side, was unsound. Part of the crown was decayed away; the bulbous portion of the nerve and the filaments of the buccal roots were dead, but that part in the palatine root was living, and occasioned the patient pain. A little arsenical paste was applied to destroy it. No sign of alveolar abscess was present in it or any other tooth. The next day the nerve in the palatine fang was removed without trouble; a careful inspection was now made, and important information was received. Upon examining the right nostril with a speculum a little pus was seen in the middle meatus. The patient was requested to incline the head toward the left side, he did so, and upon looking at the parts again, a large amount of pus was found. This, together with the facts stated already in this paper, and that there was no other assignable cause of the discharge, were deemed sufficient to establish the diagnosis—abscess of the antrum, caused probably by the unsound second molar tooth.

"Extraction was advised and submitted to. Upon the removal of the tooth no pus escaped. A probe was introduced into the alveolus previously occupied by one of the buccal roots, and readily passed on into the antrum; pus now followed the withdrawal of the instrument.

The cure was completed on general principles.

Dr. White concludes the description of his case by remarking a coincidence which it will not be at all amiss to repeat here—a coincidence which could only have been alarming enough to the patient. The gentleman had requently visited a horse belonging to his father, which had a profuse discharge from the nose, and which was thought to be glanders. The horse's malady was prior to that of the patient, and of course could only have caused him to fear that he had contracted the disease from it.

Dropsy of the Antrum—which is only another name for mucous engorgement, is not unfrequently, as I have had occasion to observe, the result of a reflected chronic periodontal inflammation. In such cases, we have the exact analogue of similar inflammation in the cavity of the mouth; the membrane becomes puffy and thickened, the mucous secretions become inspissated, the natural opening of the sinus (simply through this thickening of the mucous membranes, the folds of which are the natural outlet of the cavity) become obliterated. All egress being closed, the result is not difficult to surmise, if there should not occur atresia of the occluding membranes, and no correct surgical assistance is afforded, there must of course result either the gradual attenuation of the weakest portion of the parietes of the cavity, or the setting up of active and severe inflammation. If, on the contrary, the natural outlet has a partial restoration, it is not at all unlikely that a troublesome—and if misunderstood—a tedious and unmanageable puruloid discharge will ensue; this being the result of a continuance of the cause of trouble. Recalling illustrative examples from my own practice, I remember particularly the case of a child who, previously to coming under my care, had been treated nearly two years for the occasional discharge of muco-purulent matter from the left nostril; the child was of bad temperament, being a cross of the billio-lymphatic. This patient I had the satisfaction of relieving in a single week, the treatment being wholly directed to the dental arch, if I may except a course of salt sheet baths—continued long after the local cure, and which I had directed in consideration of the atonic condition of her general system.

The relation of temperament and conditions are to be closely considered in connection with these diseases of the antrum; it is, of course, far from being every one who is troubled with a bad tooth, the fangs of which penetrate the cavity, that has secondary disease as the result. I have just now under treatment a patient suffering from necrosis of the whole roof of the mouth, the result of a syphilitic cachexia, the

exciting cause of the local trouble being an incisor tooth anomalously developed. This tooth, the extreme point of which presented just back of the incissive foramen, had been mistaken by a practitioner for the point of a sequestrum, and being worked and cut at, periostitis had developed, and when the dead bone, which is the result, is ready to come away, I am sure I shall find both antra exposed.

Without such predisposing cause, it is evident that this extensive disease would never have been excited. It is the same, as in every direction of surgical practice—one man receives a wound, a cut, perhaps, on the face, and it troubles him so little that he scarcely stops for a moment his work to examine the injury. Another receives precisely the same kind of a wound, and in a week he is dead from erysipelas.

To be Continued.

Report of Two Cases of Rupture of the Uterus.

By John Swinburne, M.D.,
Of Albany, N. Y.

Mrs. J. F., a native of Ireland, aged thirty-four years, healthy constitution, has borne five healthy children, the first of which labors was tedious, but normal; the remaining four were easy and normal, at the last of which I officiated as accoucheur. The sixth and last was attended by my assistant, Dr. J. G. Smith, who furnished me with the following facts: Mrs. F. was taken in labor about 6 P. M., labor moderate, until 10 P. M., when the pains became very active, and much of the time little intermission existed between the pains. Examination per vaginam at this time revealed a vertex presentation, left occipito-illiac position, and anterior variety; labor continued active, until the head pressed firmly against the perinæum, and it seemed as if one pain more would complete the labor. During an active expulsive effort, the pain suddenly ceased, and did not again return. She commenced retching with slight vomiting, followed by prostration.

This condition continued for about an hour from the suspension of pain. When I saw her she presented the following symptoms:

Face flushed and anxious, pulse about 120 per minute, full, soft, and compressible; with an occasional distinct jerk and intermission; breathing, quick, painful, and irregular; skin moist, and clammy; great sense of soreness, and pain in the chest, shoulders, and abdomen; all the time wishing that she could sleep that she might die easy.

My first impression was, that it was a case of simple uterine exhaustion, and made an examination per vaginam; found the presentation as above described. Notwithstanding the recession of the head it was still low down in the pelvis. Examination of the abdomen revealed the full form of the child, (from its feet to near its shoulders,) directly within the abdominal walls, clearly showing that it had escaped from the uterine imprisonment, into the abdominal cavity. So distinct was the feeling that no doubt remained upon my mind, as to the nature of the accident.

Auscultation revealed the absence of the fetal circulation, both as to the heart's action, and placental bruit. This rendered the delivery unimportant, so far as the child was concerned; while the sinking condition of the mother showed that life was ebbing, and that all efforts of the accoucher would be unavailing. These symptoms increased, and she continued to sink, accompanied by cold, clammy perspiration, breathing about 50 per minute, circulation from 140 up to imperceptibility, when she died at 5 A. M., being about 3½ hours from the time of the rupture.

The interesting features in this case, are: 1st. That all her labors were normal, and all but the first easy. 2d. That this labor was nearly completed, when suddenly without any apparent cause, the rupture takes place. 3d. She had enjoyed perfect health during the pregnancy, and that during labor, the os dilated naturally with sufficient of healthy secretions, and no heat or evidence of inflammatory action about the parts. 4th. She had taken no uterine stimulants, such as ergot, etc.

Unfortunately no dissection or post-mortem could be obtained.

For the following very interesting case, I am indebted to Dr. J. V. P. Quackenbush, (Prof. of Midwifery in the Albany Medical College,) through whose kindness I made the autopsy, and who has since kindly furnished me with its history, which I will here append.

Mrs. Moore, aged thirty years, was taken in labor with her first child Jan. 3, 1857. The presentation was vertex; the position, left occipito-anterior. The labor was protracted and very severe, owing to a disproportion between the child's head and the pelvis, and was termi-

nated by the forceps. The child, female, was still-born. The mother had a speedy recovery.

The patient was again confined July 17, 1858. A midwife was in attendance for twenty-four hours, when, the woman suffering severely, I was called to see her. As I entered the room, the patient uttered a loud shriek, and begged me to deliver her immediately. She was on her knees, leaning against the bed. I directed her to be placed in the bed; and having made an examination, attempted to apply the forceps, but failed, as the head was so movable that it could not be clasped by the blades. I immediately suspected what the difficulty was, and had her placed in a comfortable position. 8 A. M. the pains entirely ceased, and there was no repetition of them. The patient continued to fail in strength, and died in twenty hours. There was no vomiting during this time, and no symptom indicative of the accident, except a sudden cessation of pain, and a gradual sinking of the vital powers.

Four hours after death, I assisted my friend, Dr. Swinburne, in making a post-mortem examination: when our diagnosis was verified; we found the following condition of the parts. Upon laying open the abdomen, we found the child outside the uterus. On examining the uterus, we found a large laceration at the right inferior anterior portion near its connection with the vagina.

The cause of the accident was the undue disproportion between the child's head and the pelvis, and probably occurred when she was leaning against the bed, and it was this that elicited the shriek which she uttered previous to my entrance into the room.

The point of interest in this case was the absence of those symptoms which are generally met with in cases of rupture of the uterus.

Removal of the Scapula by Enucleation close to the Glenoid Articulation.

By A. G. Walter, M.D.
Of Pittsburgh, Pa.

Resection of the entire body of the scapula having been successfully performed in several instances abroad and at home, we wish, by the narrative of the following case, to record only the fact, that the arm deprived of its scapular support had attained such perfect usefulness in the short space of a few months, as to enable the young man to enter the army as bugler in the artillery corps during the present war.

Eugene Messick, nineteen years of age, born in Denton, Carroll county, Maryland, served as a cabin boy on sailing vessels in the Southern trade. Small in size, but very active; the scrofulous constitution well-marked. He enjoyed uninterrupted good health till December, 1859, when, after exposure, he was attacked with double pleurisy, confining him to his bed in the Albany hospital for a month. While thus affected, pain in the right shoulder, with swelling and inability of motion set in, the least jarring producing exquisite pain. Under a variety of treatment an abscess at last formed over the scapula, which was opened in March, 1860, in three places, twice over the scapula and once under the arm, discharging a large quantity of offensive pus, with temporary relief of swelling and pain. The shoulder, however, soon began to swell again, and became very painful: some pieces of bone being occasionally exfoliated from the fistulous opening under the arm. In August he was admitted into the Washington City hospital, where, by a free incision along the posterior margin of the axilla, some small pieces of necrosed bone were removed.

The wound having been closed after the expiration of eight weeks, a fistulous opening only remaining in the site of the original wound, he left the hospital and went to the country, hoping to recover under the genial influence of pure air. But failing to find permanent relief, the shoulder again having increased in size, with return of pain, the fistula constantly discharging, he entered my hospital in December last, his case then offering the following symptoms: The posterior face of the shoulder over the body of the scapula greatly swollen; the skin traversed by enlarged veins; great pain at the seat of swelling, extending down to the fingers, aggravated by pressure. The articulation of the humerus in front and at its outer face tumefied and painful, the natural contour of the joint being effaced. There is a fistulous opening at the posterior border of the axilla in the middle of the scar, left after the incision, into which the probe passes freely outward, and in front of the scapula to the extent of several inches, touching the rough anterior face of the scapula and its neck. Rotation of the shoulder-joint produced no grating, but exquisite pain; the joint appearing stiff from contraction of the muscles surrounding it. Discharge from the fistula not profuse, but constant. There is emaciation, irritative pulse,

short hacking cough, with flushed cheeks in the evening. His appetite is variable, sleep disturbed, secretion of urine diminished, with disposition to constipation.

Convinced by the history of the case and examination, that necrosis had attacked the entire scapula, on December 29th, 1860, assisted by Drs. Pillichody and McGrath, chloroform having been administered, an incision was made from near the acromion process, transversely along the spine to the posterior edge of the scapula, and another from the centre of the first, directly downward to near the angle, transversing the skin and muscles down to the bone. The flaps thus formed were reflected, the acromial end of the scapula was next cut, through with pliers, and the neck of it with the chain saw. The whole body of the scapula was then enucleated out of its periosteal investment which was found much thickened and only loosely connected with the bone. Free venous bleeding followed from the bottom of the wound; the subscapular artery having been cut, required ligature, torsion arrested bleeding from several smaller arterial branches. The bone thus enucleated was found roughened on its surface, and thickened from long deposit within its substance, of brawny color, excavated by caries along its inner border from the neck obliquely down and outward to near its angle, from whence exfoliation had taken place previously at different times. The flaps having been replaced, were united by several iron wire sutures, a pledget of lint having been placed in the lower angle of the wound for facilitating the subsequent discharge. The arm was bound lightly to the chest, cold water dressings were applied, and hot coffee administered, the pulse and temperature of the body being greatly lowered by chloroformisation. A full anodyne was given at bed-time, with sulph. quin. gr. ij every three hours, as a prophylactic against surgical fever. Vomiting, the effect of chloroform continued for two days, but reaction was moderate, and suppuration set in timely and duly. Sulphate of quinine and morphia were continued, the cold water dressings being replaced by linseed meal poultices. On the 4th day, the patient began to leave his bed for a short time, which he quitted after a week. With the exception of a short hacking cough during the night, which had troubled him for a week, his recovery was rapid; suppuration moderate and strength returning. His appetite became very keen, and with it return of flesh was perceptible. He left the hospital five weeks after the operation, the wound being entirely closed, with the exception of a fistula near the neck of the scapula, from which some pus was discharging. Swelling and pain having left the shoulder, the patient considered himself well, and returned to his home in the East, his arm having become even then somewhat useful.

Not having heard from the patient since his leaving my hospital, I was agreeably surprised to see him in Augnst last in this city, in military dress, having returned, as he stated, from the field of the battle at Bull Run, where he had been engaged as a bugler. On examination of his shoulder I found the wound firmly closed; in place of the resected scapula there was a degree of fulness and firmness, leading to the belief that the periosteum had thrown out new bone in place of the enucleated scapula. The motion of the arm was surprisingly free in every direction, the limb itself having regained its former fullness and strength.

That recovery to such an extent, with perfect and unlimited freedom of motion of the member, should have followed the entire removal of the scapula, in the short space of six months, with even apparently complete reproduction of the bone, may appear rather astonishing, but is nevertheless true.

Facts like these, which modern surgery is daily bringing forward, are but the harbingers of still greater triumphs hidden in the future, which the conservative surgeon will accomplish, if nature's book be his ceaseless study, and his mission that of her dutiful minister.

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Death of Frau Dr. Heidenreich.—Germany has lost one of her most eminent female scholars. Frau Dr. Heidenreich, *neé* von Siebold, died at Darmstadt recently. She was born in 1792, studied the science of midwifery at the Universities of Gottengen and Giessen, and took her Doctor's degree in 1817, not *honoris causa*, by favor of the faculty, but, like any other German student, by writing the customary Latin dissertation, as well as by defending in public disputation a number of medical theses. She took up her permanent abode at Darmstadt, where she was universally honored as one of the first living authorities of her special branch of science.

Dr. Fischer in the *Weiner Allgemaine Zeitung*," states that the vomiting which follows inhalations of chloroform, may be prevented by giving the patient a glass of wine before the inhalation begins.

EDITORIAL DEPARTMENT.

PERISCOPE.

Summary of the Papers contained in the Transactions of the Ohio State Medical Society, for 1860.

By O. C. Gibbs, M.D.,
Of Frewsburg, New York.

This volume, besides the report of the proceedings, and the President's address, contains several reports and papers of interest of which we shall endeavor to give some account.

OBSTETRICS.

The first paper is a report upon obstetrics, by M. B. Wright, M.D. The hymen, he considers not an unfailing test of virginity, for he once saw a woman in labor with the hymen entire, with an opening too small to admit the finger for purposes of examination. Can sexual intercouse be effected, and conception take place, the woman having no knowledge of the sexual congress, being asleep, is a question considered by Dr. Wright. He takes the affirmative of the question. In support, he mentions a case that came under his observation. A lady who had been married several years, and borne two children, separated from her husband. One morning, on awaking, she found him in her bed. Being denied sexual intercourse, he affirmed he had taken that liberty in the night. As she had no knowledge of it, she supposed the statement a false one, made to secure her acquiescence in present indulgences. She successfully resisted him, friends were aroused, and her discarded husband driven from the house, whom she never saw more. At the expiration of nine months the lady was confined, and gave birth to a mature child. She denied connection with any other man, and also of having any knowledge of this. Another case is mentioned: a young girl, aged sixteen years, was confined of a healthy child at full term. During labor she solemnly avowed that she never had sexual connection with a man, and that, too, when the physician told her she must soon die. Afterward, her brother-in-law, a clergyman, confessed that he had got into bed with her while she was asleep, and had attempted connection, but emitted without complete penetration. He supposed her to be unconscious of his attempt, and had no doubt of the correctness and sincerity of her statement.

Abortion is next considered, and the subject is illustrated by cases. We shall stop here only to make one quotation and a passing remark. "Cases, such as the above, led naturally to the conclusion that the embryo is the first to lose its vitality, and that the placenta may attain considerable size, and remain an indefinite period in the uterus, with a destruction of its natural functions. The practical lesson to be derived from all this, has relation to the treatment of threatened abortion."

We have no doubt of the fact that, in many cases of abortion, the death of the embryo precedes the hemorrhage. If the hemorrhage is great, if not already dead, the embryo will soon die. This opinion has guided our treatment. We never allow a woman's health to be broken down by a protracted uterine hemorrhage in first months of pregnancy. When the hemorrhage becomes considerable, we at once empty the womb of embryo and secundines. With this treatment we have been well pleased, and have not been conscious of removing an embryo containing vitality.

Prolapsus uteri is considered with earnestness, and with evident confidence in the correctness of his opinions. A change of place of the womb he regards a normal condition, and a descent below a certain level not necessarily a prolapsus. "In a word, the uterus changes its direction and relations, independent of disease." "There is a power within the pelvis capable of acting upon the uterus, and changing its position." This is illustrated by cases of complete procidentia becoming rectified by the natural efforts. "Thus we have become satisfied that there is a power to elevate as well as to depress, and that the *feelings* of prolapsus do not occur from mere change of position of the uterus."

The *pathotogy* of prolapsus is discussed, but we have not space to follow the author; his *treatment* is of more consequence to us. He says: "Since we have had opportunities for observation and experience, we have had a decided repugnance to the use of pessaries." Upon this point our opinions have been previously expressed. Dr. Wright thinks "that most cases of procidentia arise from a morbid state of the uterus itself." . . . . "Upon examining cases, in which not only the general symptoms of prolapsus were present, but a soft and tumid uterus, we have applied tincture of iodine two or three times a week to the neck of the organ, and, as it became condensed and less in volume, all symptoms of prolapsus have vanished."

Rupture of the uterus is next considered, and the best means of treating when the child escapes through the rent into the abdominal cavity. "As a fixed rule of practice, Ramsbotham, Blundell, Lee, Churchill, Rigby, Dewees, Meigs, and others, advise that the hand be passed through the rent, that the fœtus be seized by the feet, drawn back into the uterus, and then delivered as in ordinary turning." Dr. Wright's opinions are thus given: "When we consider the obstacles to be encountered in the usual mode of delivery, after rupture of the uterus, and the escape of the fœtus into the abdominal cavity, and the almost universal fatality to both mother and child, it becomes the profession to

estimate well the comparative advantages of the Cæsarean section. Our experience in complicated cases of rupture, inclines us to advocate the section in preference to turning."

Of the correctness of this last opinion we have long been convinced. There are several obstacles to delivery by the natural passages: 1st. Rupture seldom takes place unless there is some considerable obstruction to natural delivery. 2d. When the fœtus has escaped into the cavity of the abdomen, the womb generally contracts; thus naturally lessening the rent and enhancing the difficulty of its return. 3d. And most important of all, blood will flow freely into the cavity of the bowels. This cannot be all removed, even though the fœtus be delivered, and its decomposition must develop a condition of things from which it could scarcely be expected that a patient would recover. Where the Cæsarean section is performed, the cavity of the abdomen can be carefully cleansed, and the patient in many other ways placed in a more favorable condition for recovery. Dr. Wright says the first successful operation of this kind, in this country, was performed by Dr. George Fries, of Cincinnati, in the year 1858.* Pertinent to the subject under consideration, is a remark made by Dr. Fries in the report of his case. After removing the fœtus and placenta, he says, "The whole abdominal cavity being filled with blood and liquor amnii, their removal proved much the most troublesome part of the operation. Long and careful use of the sponge enabled me to cleanse the cavity." This remark confirms our statement that turning and delivery through the rent and by the natural passages, leaves the cavity of the abdomen filled with foreign matter, and the patient in a poor condition for recovery.

Dr. Wright concludes his report with a consideration of *cephalic version*. In cases of shoulder presentations, Dr. Wright believes that cephalic version can be performed in the majority of cases, with increased safety to mother and child.

CANNABIS INDICA.

The next paper is a report on *Cannabis Indica*, by Dr. R. R. M'Meens, of Sandusky, with a supplement by Dr. W. P. Kincaid, of Neville, Ohio. The Indian hemp is considered a valuable addition to the materia medica, and peculiarly adapted to cases of hysteria mania-a-potu, asthma, gonorrhœa, insanity, etc.

Dr. M'Meens concludes his paper thus:—"In conclusion, I would state, as the result of my own experience and observation, in addition to the cases already reported and referred to, that I am fully convinced of the peculiar efficacy and pertinency of the remedy to certain pathological conditions, occupying or involving the nervous system. In those mixed and indefinable paroxysms of an hysterical nature, I have found no remedy to control or curtail them with equal promptness and permanency. In the protean and painful conditions connected with uterine disorder, I have ever found it an admirable adjuvant in their treatment, as an anodyne ingredient, in a variety of combinations. In sleeplessness, where opium is contraindicated, it is an excellent substitute. In two cases of nervous spasmodic cough, it proved efficacious, where a number of antispasmodics failed to afford any relief. In a violent case of puerperal mania, it acted most happily and beneficially in controlling the fury of the patient and in securing sleep. As a calmative and hypnotic, in all forms of nervous inquietude and cerebral excitement, it will be found an invaluable agent, as it produces none of those functional derangements or sequences that render many of the more customary remedies objectionable."

MEDICAL LITERATURE.

The third paper is a report upon *Medical Literature*, by Dr. E. B. Stevens, of Cincinnati. The report shows an extensive acquaintance with the medical literature of the day. We shall make but one quotation from this report. Concluding his remarks upon medical journals, he says:—"We have only to allude to a single suggestion that has been frequently made, that commends itself at once to our sense of fitness, but which, as yet, has not been attempted to be fairly carried out. There is a necessity in our medical literature for a quarterly or semi-annual volume of abstracts, that should, after the manner of Braithwaite or Ranking, fairly collate, condense, and arrange all the contributions that are continually making to American medicine. We have not the space to discuss the details of such a publication, or the important influence such an enterprise would have on our professional status at home and abroad—the idea will at once, as we have said, commend itself to every one."

Our readers may remember that we attempted to inaugurate an enterprise, last year, not unlike that here suggested, and if it commended itself to the good sense of physicians it failed to bring out a response, and the enterprise was allowed to die for want of encouragement.

CHLOROFORM.

The next paper in the Transactions is entitled, "The Effects of Chloroform upon the Intellectual Processes," and is by Dr. T. L. Wright, of Bellefontaine, Ohio. This is an elaborate paper, and we have marked several

* So reads the manuscript. We have not the "Transactions" at hand to refer to, though we suspect there is an error in the date. It may have been a typographical error in the Transactions. The operation of Cæsarean section was twice successfully performed on the same woman by Dr. Wm. Gibson, Professor of Surgery in the University of Pennsylvania, at a much earlier date. The first operation was performed on the 25th of March, 1825, and the second on the 5th of November, 1827. Both children, a boy and a girl, we saw alive and well in 1850, the girl being fifteen, and the boy thirteen years old.—*Eds. Med. & Surg. Reporter.*

passages for quotation, but, for want of space, we shall be compelled to confine ourselves to the conclusions as summed up by the author, which are:—"1st. That will is always action when there is mental consciousness. 2d. That will cannot be directly impressed by another will, but that the judgment may be misled, and the will, though free, may act upon false conceptions in a manner different from what it would do if the mind and senses were perfectly active. 3d. There may be venereal connection with a female while she is conscious and unwilling; but there may be no venereal connection with a female, while she may honestly believe she has been under the delusion of organic sensibilities, occasioned by the peculiar action of chloroform upon her nervous system. 4th. It is impossible for a woman very often to decide whether actual connection has been had or not. 5th. The evidence of a person respecting transactions that occur to the mind while partly conscious, is always liable to the most monstrous fallacies, and it should not be received as sufficient proof of any fact. 6th. Evidence of females respecting rape upon themselves, while unconscious from chloroform, is particularly liable to suspicion. 7th. Evidence of females respecting rape under such circumstances, should be subjected to all the rules and exceptions of circumstantial evidence, and should be fully corroborated by other circumstances."

Upon the subject of this paper we should be glad to remark at length, but we must forego the desire. The testimony of a man or woman, of impressions, or of what they regarded as knowledge of facts, transpiring while they were under the influence of chloroform or ether, we should consider of but little worth. Our readers will remember a case that came before the courts in Philadelphia, in 1854, in which a dentist was charged and convicted of rape, upon the statement of a lady who was under the influence of ether at the time the alleged rape was committed. She alleged that she was perfectly conscious of the violation, but had not the power to resist or to cry out. She averred that she was conscious of complete penetration from the *pain felt in the private parts!* Now, every physician, or dentist, that has had any experience in the use of anæsthetics, knows that the lady's testimony in this case was perfectly worthless, and the conviction probably unjust. We grant, rape may have been committed, as a woman may be actually subject to outrage under the influence of anæsthetics, but we aver that the lady's testimony was utterly worthless as *proof* of it. A person under the influence of anæsthetics loses all cognizance of pain *before the power of motion is gone*. The ability to resist or to cry out, is only lost *with the loss of consciousness of all surrounding objects*. Hence the woman could not be *conscious* of the violation of her person, and yet unable to resist or to cry out; and more, she could not be in a condition to render speech and motion impossible, and yet be conscious of the penetration in consequence of the *pain* produced! The statement involved absurdities that should have been fatal to it as evidence, where the honor and liberty of a man were concerned, and the wreck of a family to be the result of conviction.

DISEASES OF THE EYE.

Passing over the report upon Obituaries, by Dr. C. P. Landon, we come to the report on *Diseases of the Eye*, by Dr. A. Metz, of Massillon, Ohio. The subject of *purulent ophthalmy* is first considered. We shall refer only to treatment. Dr. Metz thinks that depletion is often carried too far in this disease. "Ordinarily," he says, "mild purgatives, with cupping the temples or back of the neck, is all the general treatment demanded." Locally, he would make a continuous application of cold, and occasionally syringe out with cold water. In the first stage, he thinks any medicine added to the wash would be worse than useless. After the violence of the inflammation is passed, he would use, as a wash, a solution of nitrate of silver, ten to twenty grains to the ounce of water, two or three times a day. We are of the opinion that general treatment can be made serviceable even early in these cases. Instead, however, of the excessive bleedings practiced by Bacot, Wardrop, and others, we would depend upon quinine and opium in tolerably liberal doses. This would not be inconsistent with local depletion. Even in the early stages, we would add alum, from six to ten grains to the ounce, to the cold water, and inject every hour rather than two or three times a day. From ten to twenty grains of nitrate of silver to the ounce, we regard as too strong even for the second stage. To be continued for several days together, we should regard from three to five grains to the ounce quite strong enough.

The next subject considered by Dr. Metz is *granular conjunctiva*. Of treatment, he says: "The chief remedies relied on in the treatment, are, locally, the nitrate of silver, sulphate of copper, acetate of lead, with scarifications, and in some cases excision of the granulations. Some cases demand cupping on the temples, or back of the neck, and vesicatories behind the ears. In many cases of long continuance, there is a state of general depravity, digestive disturbance and general debility, that requires quinine, iron, iodide of potash, and sometimes cod liver oil." He says much discretion may be used in the selection of remedies: "Nitrate of silver is indicated in certain grades of inflammatory action, and also as a detergent in croupous blenorrhæa; lead is indicated in the soft or vegetant granulations; and sulphate of copper generally does best in hard or fibrous granulations. For soft or vegetant granulations, especially in cases where there is too high a grade of inflammatory action, the ace-

tate of lead, very finely pulverized, and applied to the diseased conjunctiva, is the most happy remedy I have ever used." Particular directions are given for its use, for which we have not the space. This part of the paper is particularly worthy of being extensively quoted from. In cases of granular lids, constitutional remedies are usually of the first importance. The patient's health is below par and must be improved, if we would succeed in the treatment. Dr. James Dixon, of London, speaks highly of a remedy not alluded to by Dr. Metz. He says: "I have seen much benefit from applying the undiluted liquor potassæ to the palpebral granulations. Dr. Bader first suggested this plan of local treatment, and certainly it is the most successful I have yet tried."

We pass over the balance of Dr. Metz's paper, interesting as it is, without further remark, contenting ourselves with one quotation more, and that in reference to operation for cataract. He says: "I am of the opinion that in some cases of hard cataract, even when both eyes are blind, and the patient appears unmanageable, that it would be preferable to lacerate the capsules, and wait some months for absorption to render linear extraction practicable, to risking flap-cut extraction. The precaution cannot be too well remembered to cut but little at the first operation for decision. It is better to operate several times at proper intervals, than cut too much at once."

DISEASE OF UTERUS.

The next paper in the Transactions consists of a *Report of three cases of Inflammatory Disease of the Neck of the Uterus*, treated with the local application of nitrate of silver, by Wm. H. Reeves, M.D., Springfield, Ohio. There is nothing peculiar about the cases, or particularly worthy of remark excepting, perhaps, the first case. The prominent symptom in this case was protracted, and uncontrollable vomiting, unassociated with pregnancy. The vomiting was supposed to be sympathetic, and consequent upon an inflamed and ulcerated condition of the cervix uteri. After a failure of all the usual remedies, the vomiting yielded promptly, as the local disease improved under the application of nitrate of silver to the neck of the uterus. Aggravated cases of sickness in pregnancy are frequently associated with disease of the neck of the uterus, and are best treated with remedies directed to the local disease. This is by no means new treatment. We see no good reason why disease of the cervix uteri may not cause vomiting in cases unconnected with pregnancy, and like those cases be successfully treated by means directed to the uterine disease.

INSANITY.

Passing by the report on Medical Societies by Dr. G. F. Mitchell, we come to a report on Insanity, by Richard Gundry, M. D., of Dayton. This is an able paper, occupying 56 pages of the Transactions, and is certainly creditable to the author and the society that called it forth. Dr. Gundry says that insanity "in the northern portions of these United States, is much more prevalent than in the sunny South."

The causes of insanity are entered into quite fully, but we have not space to follow: we shall allude only to a remark upon the meteorological influences. "Every man is familiar with the fact that one day he feels clearer, more active and energetic, that the fresh air he breathes stimulates him to renewed vigor, while on another day it depresses him, makes him peevish and ill-tempered, although the circumstances surrounding him are on both days apparently similar." . . . . "Every one of us will recall to memory some persons who appear to be susceptible to such impressions, and in whom lassitude and various unpleasant sensations always are present during certain conditions of the atmosphere." . . . "In *Buenos Ayres*, according to Sir Woodbine Parish, there is a wind which sometimes prevails, and produces in some persons peculiar irritability and ill-humor, almost amounting to a disorder of their moral faculties." The curability of insanity is considered, but the means of cure are omitted. The statistics of 23 institutions are considered, and it is found that the recoveries are about 43 per cent. The statistics of the three institutions of Ohio give a record of recoveries amounting to 47½ per cent.

The constitution, by-laws, and list of members concludes the volume of Transactions. From the foregoing it will be seen that the Ohio State Medical Society is a working body, and the published Transactions creditable to its working members.

THE CURE OF CONSUMPTION BY LEAD.

M. Beau, in his last clinical lecture at the Charité, wound up the subject of phthisis by a long and critical enumeration of many of the various remedies which have from time to time been proposed either as infallible or palliative means for its treatment, and recounted to his audience the principal reasons which had induced him to attempt the employment of preparations of lead in the cure of tubercular pulmonary affections. "Phthisis," he said, "has been cured by all sorts of methods and in all sorts of ways; the fact being that, as this malady depends upon the reciprocal action of a diathesis and of globular anæmia, the remedy

which is able to oppose the progress of the latter condition, may not only prevent the disease from making further inroads on the system, but also contribute to the healing of such lesions as already exist. My intention is not certainly to enumerate all the means for treating consumption which have in turn been extolled and employed against this malady; you will find them detailed at length in the treatise of Baumés, of Montpellier, published in 1805. I shall limit myself to a few." After mentioning sea voyages, horse exercise, southern climates, emetics, chloride of sodium, asses' milk, Iceland moss, conserve of roses, quinine, fir-sprouts, watercress, sulphur, sulphureous waters, cod-liver oil, iodine, turtle-soup, snail-broth, oysters, strawberries in great quantities, hydrotherapy, the hypophosphites, and steel, the lecturer at last arrived at his favorite remedy—lead. "The employment of lead," he said, "in the treatment of tubercular consumption is not new. The idea is a borrowed one. What is new is the manner in which I administer it, and in which I have understood its action. I must first tell you how I was in the onset induced to employ it. Starting from the theory, which I hold in common with many other observers, that the development of tubercle is favored by the anæmic state, I had been struck by the fact that the workmen employed in establishments where lead is much handled, although anæmic and cachectic to the last degree, very rarely present symptoms of tubercular deposit in the lungs. During a period of six or seven years at the Hôpital Cochin, amongst the many patients whom I treated for lead poisoning, I never saw a single case of phthisis. Once only in the lungs of a house-painter I met with tubercle; but I subsequently ascertained that this man had never had any of the signs of the saturnine affection. I went a step further, and inquired into the diseases usually met with in the trades habitually working with lead, and found that cough amongst operatives of this class was of rare occurrence. I began then to think within myself that if lead could prevent, it might also very possibly cure, phthisis, and was much tempted to make the experiment, but waited for further evidence, and was presently emboldened by an accidental occurrence.—Shortly after my entrance into the service of the Charité, a man, affected with lead cholic, fell under my observation. On examining his chest I found evident symptoms of tubercular deposit; and, on inquiry, ascertained that the patient had been consumptive for years. Finding himself without work, this man had taken a job at the lead works at Clichy, and there had caught his cholic. He assured me that since his seizure both cough and expectoration had diminished; in fact, so much so as to have made him think it useless to direct my attention to the state of his lungs. He left the hospital some time afterwards, cured of his colic, and with considerable improvement of the pulmonary symptoms. In the case of a second patient, who shortly afterwards entered my wards, I was informed that the signs of consumption, held in abeyance during repeated attacks of lead cholic, had reappeared each time that the latter malady had been removed. I endeavored, on the verification of this fact in my hospital service, to reproduce the saturnine saturation when the phthisis seemed inclined to gain ground, and succeeded beyond my expectations in arresting its progress on several occasions. Such were the incidents which led me to the adoption of my present method of treatment, and *the results I have obtained are not of a nature to justify me in laying the method aside.* The following is the manner in which I employ this drug: I begin by administering an emetic, in order to rouse the stomach from the state of torpor which it is so common to meet with, either as cause or effect, in tubercular phthisis. After the lapse of a week or thereabouts, I commence the lead (I prefer the carbonate, as being better borne by the stomach than the acetate), in pills of two grains each. The dose is taken at first once a day, then twice, and so on, until six pills, or twelve grains of the lead are swallowed within the course of the twenty-four hours; the best time for administration being before each repast, as the drug is at that moment less likely to cause vomiting. This treatment must be continued until a sufficient saturnine impregnation has taken place, a generous diet being allowed to the patient at the same time."—*Correspondent of Lancet.*

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Assignment of Duty of Brigadier Surgeons.—S. W. Gross to Brig. Gen. Robt. Anderson; J. D. Robinson to Major Gen. Rosecranz; W. Clendennin to Major Gen. Rosecranz; C. G. Shumard to Major Gen. Rosecranz; J. E. Quidor to Major Gen. D. Hunter; A. B. Campbell to Major Gen. D. Hunter; J. V. Z. Blaney to Major Gen. D. Hunter; G. Martin to Major Gen. D. Hunter; N. R. Derby to Major Gen. D. Hunter; C. McMillan to Major Gen. J. C. Fremont; J. H. Brinton to Major Gen. J. C. Fremont; P. W. Ellsworth to Major Gen. Fremont; S. V. Bell to Major Gen. J. C. Fremont; A. H. Hoff to Major Gen. J. C. Fremont.

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Omnis Cellula e Cellula.—Just as little as we can now admit that teniæ can arise out of saburral mucus, or that out of the residue of the decomposition of vegetable or animal matter an infusorial animalculæ, a fungus, or an alga can be formed, equally little are we disposed to concede in physiological or pathological histology, that a new cell can build itself up out of any non-cellular substance. Where a cell arises, there a cell must have previously existed, just as an animal can spring out from an animal—a plant from a plant.—*Virchow.*

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, SEPTEMBER 21, 1861.

A SAD LESSON.

Last Saturday evening fourteen ballet dancers were suddenly summoned from the stage of a theatre of this city to beds of pain and anguish, and ere twenty-four hours had passed, six of them were in eternity, while others linger in a precarious condition, with the prospect that some of them, too, will not survive. These young ladies, belonging to a large ballet corps, had just left their homes in excellent health and spirits, and were engaged in a theatrical performance before a large audience. In an adjoining dressing-room some of them were robing themselves, preparatory to taking their part in the performance which was in progress on the stage. One of them, while in the act of taking a light gauze dress from its nail, accidentally brought it in contact with the exposed flame of a gas jet, when it instantly ignited, and communicated with her other clothing, and with that of others with whom, in the excitement, she came in contact.

The modern hooped-skirt has cost the lives of many ladies—singularly enough, almost in every case in the higher walks of life—both in this country and abroad. Among these we may mention Mrs. Longfellow, and a young lady of good family in Boston; Clara Webster on the stage, Miss Plunkett, and the ladies Laura and Clara Bridgman, in England.

These sad instances of loss of life are suggestive of a few thoughts on the fashions and materials of ladies dresses, and on exposed flame and fire in their bearing on the lives of women.

In the first place there is often criminal carelessness in the insufficient guards placed over the foot-lights and other gas jets of flame on the stage and in the dressing rooms of our theatres and opera houses. In the particular instance which has led us to speak on the subject, it appears that a light gauze dress was brought in contact with an open jet of flame in a room where a score, perhaps, of chattering, laughing, thoughtless girls, were dressing. No exposed flame or fire should have been allowed in such a room, unless it was entirely out of reach. The existing fashion of wearing hoop-skirts—a fashion that our kitchen maids emulate their mistresses in—would suggest, too, the idea of better guards about our kitchen ranges. Unless a woman is remarkably careful and observant, the weight of her arm, or contact with a chair or other article of furniture on one side of her skirt is liable to cause it to project on the opposite side much more than the wearer anticipates, and sufficiently to bring it in contact with the hot bars of a grate-fire, when, it is well known the expanded form of the hooped-skirt, and the difficulty of compressing it, favors the extension of the flames, and almost certainly seals the fate of the victim. A more moderate expansion of the skirt, or better, dispensing with it altogether in exposed situations, is an obvious suggestion, but we fear that no amount of risk to life will interfere with fashion until a new one replaces the prevailing and dangerous one (in the kitchen) of hooped-skirts. Until such a change does take place, fenders might be thrown around our kitchen-range fires.

But there is another idea worthy of attention, viz: the rendering of the light material of ladies dresses blaze-proof. Efforts have of late been made in this direction, and with some degree of success. By direction of the English Queen, experiments were recently made in the royal-laundry, which resulted in ordering for use in her Majesty's laundry a concentrated solution of tungstate of soda diluted with water, and then mixed with three per cent. of phosphate of soda.

On this subject an English cotemporary says: "All light fabrics manufactured for ladies dresses should be made blaze-proof. The most delicate white cambric handkerchief, or fleecy gauze, or the finest lace, may, by simple soaking in a weak solution of chloride of zinc, be so protected from blaze, that, if held in the flame of a candle, they may be reduced to tinder without blazing. The dresses of dancers on the stage have long since been protected in this way, but ladies have not yet learned to pur-

chase none but fire-proof dresses. They will sooner or later oblige the manufacturers to call in the aid of the chemist for this purpose—in the meantime the washerwoman must be pressed into the service. Dr. Odling tells us that:—

"'The various means proposed for rendering textile fabrics non-inflammable were carefully investigated a short time back by two well-known chemists, Messrs. Versmann and Oppenheim. An account of their experiments was read at the Aberdeen meeting of the British Association in 1859, and was afterwards published in the *Journal of the Society of Arts*, and in a separate form by Trübner & Co., of Paternoster-row.

"'They showed that linen and cotton goods dried after immersion in a solution of one or other of several salts, possessed the property of non-inflammability, and that the best results were obtained with a solution of sulphate of ammonia, or of tungstate of soda, neither of which liquids produced any injurious effect upon the tissue or color of the fabric. The tungstate of soda solution was found most applicable to laundry purposes, on account of its not interfering in any way with the process of ironing.

"'Muslins, etc., steeped in a 7 per cent. solution of sulphate of ammonia, or a 20 per cent. solution of tungstate of soda, and then dried, may be held in the flame of a candle or gas-lamp, without taking fire. That portion of the stuff in contact with the light becomes charred and destroyed, but it does not inflame, and consequently the burning state does not spread to the rest of the material.'"

We trust that this subject will receive the attention that its importance demands, and that no efforts will be spared to preserve our women from such a terrible death, by the invention of blaze-proof material for dresses—and by more effectually guarding the lights or fires with which there is any possibility that their clothing may come in contact.

We notice that, *since* the deplorable "accident" in this city, by which *seven* young ladies have already paid the forfeit of their lives, the theatres have shewed, by securing their lights with shades and wire frames, *their* appreciation of the finding of the coroner's jury in the case that "nobody was to blame."

EDITORIAL NOTES AND COMMENTS.

"The income of St. Bartholomew's Hospital, London, in 1860, was £35,489 16s. 4d. (about $188,000.) Of this sum, £27,537 12s. 3d. was from rental of lands; £4,625 6s. 6d. dividends on stocks; £2.253 2s. 9d. titles, timber, &c.; £90 from the collegiate establishment; and only £184 from benefactions."

And yet St. Bartholomew's Hospital is served by a full corps of physicians and surgeons who *give* their valuable time and labor to this wealthy corporation. Not so with the gentlemen of the bar who have the management of the estates, collect the rents, and do the other legal business of the corporation. Lawyers charge and receive the highest rate of fees for whatever *they* do for hospital corporations, while physicians are expected, and are too willing to give *their* time and labor for nothing. This is the case in this country, as well as in England, and we have never been able to see why it should be so. Physicians and surgeons do an immense amount of unrequited labor for the public outside of hospitals, and it is imposing on benevolence and good-nature, for rich hospital corporations to exact from them any further sacrifices of time and labor.

It would be a novelty for one hospital to try the experiment of paying salaries to the attending physicians and surgeons. We would suggest the idea, and have no doubt the plan would work to the satisfaction of both parties and be of no disadvantage to the patients.

MR. RUSSELL'S TRIBUTE TO THE SURGEONS.

The correspondent of the London *Times* says of the panic and retreat at Bull Run, "*that one class of officers in the Federal army did their duty nobly—the Surgeons remained on the field when all others were retiring or had left.*"

The noble conduct of the surgeons, although not within the personal observation of Mr. Russell, was too generally known soon after the battle to escape his ears, and, with other hearsay matter, was introduced into his letters as if it was from personal evidence. We have conversed with a gentleman who had an opportunity of observing Mr. Russell's movements on the day of the Bull Run battle from the time of his arrival at his nearest point, which was several miles in the rear of the battle-ground, until he disappeared early in the retreat, and our informant attests the fabrication and falsity of Mr. Russell's report.

However, it is so rare for the military surgeon, eclipsed as he is by the more showy ac-

tions of the strictly combatants in a battle, to see recorded the proper meed of praise for his self-denial and daring, that Mr. Russell's statement deserves at least this much comment.

Correspondence.

PARTURITION WITHOUT HEMORRHAGE.

St. Georges, Del., Sept. 13, 1861.

Messrs. Editors:—In the Reporter of the 31st August, there is a case reported by O. C. Gibbs, M.D., of Frewsburg, N. Y., of a lady in child-birth losing no blood, and the question is asked, "*Did it ever occur before?*" I answer that, about twenty years since, while practicing in Caroline county, Md., I had a case of the same kind, except the lady had had several children before, and never lost a drop of blood in any of her confinements. There was nothing unusual in her getting up, the time I attended, excepting there was no discharge of blood. The milk was secreted as usual. Her health was generally good.

Very respectfully yours,
Wm. A. Tatem, M.D.

Second Crop of Variolous Pustules.

Philadelphia, Sept. 10, 1861.

Your correspondent, Dr. Somers, having mentioned the fact that the occurrence of a "second crop" of variolous pustules is a mooted question with some, I submit the following case:

On the 14th of last May, I was called to see J. C., a little girl, about two years old. I found her with a high fever, sore throat, and patches of diphtheritic membrane, covering, in the aggregate, nearly one-half the surface of the fauces.

Ordered her a gentle aperient, to be followed by spt. æth. nit., and potass. chloras.; while a strip of soft muslin, dipped in mustard water, was to be frequently applied over exterior of throat, leaving it on until the skin was well reddened, and renewing soon after the effect disappeared.

In two days there was a marked change for the better, both in the throat, and general symptoms. But shortly, her fever, pain, and languor again increased, without, however, any increase of the throat affection.

This continned during a period—dating from this second exacerbation—rather shorter than the usual initial fever of variola, when an eruption showed itself, unmistakably defining this second attack as small-pox.

This was the fourth day of my attendance; the second of the exacerbation; and about the sixth since the child first complained. There was small-pox in the immediate neighborhood.

From this time, the disease ran the usual course of a severe case of distinct variola, merging, in fact, slightly into the confluent. The treatment was about as usual, except that I had to *support* rather more than ordinarily, from an evident tendency to debility, much like that generally accompanying diphtheria. The convalescence was attended by some large and ugly boils, which discharged enormously for a few days; but notwithstanding all, she recovered rapidly, my attendance ceasing on the first day of June.

On the seventh, one week after, upon visiting another patient in the same house with varioloid, I found little J. C. in rather an anomalous condition. She had still one or two small boils; but the soles of her feet, palms of her hands, and insides of her fingers, extending to the very tips, were covered with regularly developed, large sized variolous pustules!

It was something which I had never seen before, and which, at the time, I did not recollect of having seen noticed in any medical writings, and, therefore, I noted particularly the condition. These parts had their full share of the regular eruption, so that it was no deferring of development; and at the time of the appearance of this "second crop," complete desquammation had taken place here, as elsewhere over the surface. There was no fever or other complication attending this anomaly, and by the time it had departed, (which it did in a regular manner, after running the *full course* of variolar eruption,) the boils had also disappeared, and nature soon asserted her rights, and brought about a perfect state of health. Perhaps I should state that I kept her on the use of liq. fer. iod. during convalescence, from her weak state, and her disposition to furunculous eruptions.

Now, although the facts in this case I know, and have repeatedly thought them over, still I feel unprepared to draw any inference, or to come to any conclusion concerning the "why's and wherefore's."

Nevertheless I will not say as did the young divine, who, in preaching on the miracle of the legion of devils being cast out of him who dwelt among the tombs, declared that "he did not know why they were allowed to enter the swine and cause their destruction, *nor did he believe any one else did.*"

But if "any one else" can philosophize a little on this subject, I should like to have the pleasure of being one of his readers.

Yours truly,
J. W. Thompson.

CAMP DIARRHŒA.

The following remarks on the cause of the diarrhœa which prevails in camps, are extracted from a letter received from Dr. J. W. Lodge,

Surgeon of Col. Mann's regiment, now at Darnstown, Maryland:

"Among the whole number—seventeen hundred—we had but one death. Yet, amid all this health and plenty, diarrhœa always prevailed extensively. What can be its cause here, where everything appears so specially conducive to perfect health? With our patients, it was change from the foul and vitiated atmosphere of unclean portions of the city to a pure and invigorating mountain air—from riot and dissipation to discipline and temperance—from sluggishness and inaction to healthy exercise and activity. Was it change of diet? No; because the rations which the State furnished were wholesome and sufficient—better by far than that which many of our men had previously been able to procure—consisting of good, fresh, or salt beef—good bread and potatoes. Could it have been the sudden transition from worse to better? No; for the organic functions are best performed when best cared for. Could the cause have been some peculiarity of water or soil? No; for officers, who were, so far as these were concerned, subjected to the same circumstances, *were rarely or never affected.*

"I believe that the principal cause is *exposure to alternations of temperature while on sentinel duty at night.* During a relief of two hours, the sentry is warmly housed in his tent; when his hour of duty arrives, he is aroused from sleep, and enters upon his duty and exposure. Occasionally, even during summer, these alternations are of an impressive character, and, although his duty precludes sleep, he is soon chilled by the damp and penetrating night air. The effect of this is to constringe the capillaries of the surface, thus causing congestion, or mere determination of blood to the internal organs; and, although this congestion is rarely sufficiently profound to seriously interfere with the performance of the functions, the mesenteric vessels, being merely distended with blood, take the readiest mode of riddance, which is by exosmosis into the intestines. Thus, without any special symptoms or pathology, we have a very watery and painless diarrhœa. The opinion that the disease thus originates, is strengthened by the fact already mentioned, that officers, whose positions do not compel them to perform sentry duty, yet otherwise living under the same circumstances, are nearly exempt from the disease.

"The great benefit derived by early depleting the intestinal vessels by saline cathartics, also points to this congestion as the cause. In nearly every case we were able to trace its origin back only a few nights, when the patient had stood sentry. If this is the true cause of diarrhœa, the remedy is obvious: provide the soldier or sentinel, in all seasons and weathers, stout shoes and warm overcoats or blankets, and by thus keeping the circulation equable prevent the congestion, which appears to me to be the cause.

"One of the most effectual prophylactics was the wearing of the small flannel apron over the abdomen. This practice, I believe, is extensively and successfully employed. The affection having always yielded readily to almost any mode of treatment, I can add nothing new, only to state that it always was cured readily and permanently by hydragogue cathartics."

NEWS AND MISCELLANY.

The Philadelphia Physical Institute, at the corner of Ninth and Arch street, is an establishment in which are all the improved appliances for gymnastic practice, and training the frame into a high state of strength and activity. It is patronised extensively by the medical profession in the treatment of some chronic visceral affections, and more particularly in orthopædic cases. Exercises are graduated to suit the youngest, the aged, and feeble persons. The proprietors are experienced, and the establishment is conducted with propriety.

Jefferson Medical College.—We have been informed that Dr. Keating's resignation of the Chair of Obstetrics in this institution, which was presented on account of his ill health, has been withdrawn. It is understood that the former incumbent of the chair, Dr. Charles D. Meigs, will lecture in Dr. Keating's place during the coming season.

Board of Health.—Dr. Thomas Stewartson, Jr., has been appointed a member of this body by the District Court, in place of Dr. James Bond, deceased.

Dr. Wm. D. Knox, of this city, late of Kentucky, has been appointed Assistant-Surgeon in the Navy, and is ordered to duty on board the gun-boat Penguin.

The following Philadelphians have been appointed on the Sanitary Commission. The appointments are very creditable to the Government; but we would prefer to see this commission differently constituted:

G. B. Wood, M.D.; Prof. J. F. Frazer; Samuel D. Gross, M.D.; Henry C. Carey; Rev. Albert Barnes; John C. Cresson; Robley Dunglison, M.D.; Horace Binney, Jr.; Rev. H. J. Morton; Wilson Jewell, M.D.; Rev. H. W. Ducachet; Francis G. Smith, M.D.

State Medical Board.—The Board of Surgeons directed by the Governor to convene at Harrisburg on October 2d, for the examination of candidates for appointment on the Medical Staff of the State troops, will consist of Drs. Wilmer Worthington, of West Chester, Wm. Corson, of Norristown, Trail Green, of Easton, and Surgeon-General Henry H. Smith, of Philadelphia. The examination will be a written one, and occupy the entire day. The appointments will subsequently be made by the Governor in the order of merit established by the Board, and as

rapidly as the formation of regiments may demand the services of medical officers. All the surgeons recommended by the two previous Boards since the 30th of May, amounting, with their assistants, to nearly seventy, are now in active service.

Important to Volunteer Surgeons.—The attention of the Surgeons of our Volunteers is called to the following order of the War Department, which, having been apparently unknown by the officers of some of the "Independent Regiments," is likely to cause diappointment to those who regard themselves as legally appointed, when selected by their Colonels; the last Legislature of Pennsylvania having withdrawn from them the power of appointing their medical officers:

"*War Department, Adjutant General's Office, Washington, May 25th,* 1861.—*General Orders, No.* 25.—The plan of organization for the volunteer forces, designed in General Orders (No. 15 of May 14th, 1861) is so modified as to allow one Surgeon and one Assistant-Surgeon to each regiment, *to be appointed by the Governors* of the respective States, after having passed an examination by a competent Medical Board, appointed by the Governors of the States, the appointment to be subject to the approval of the Secretary of War."

Two Boards of this character have already met in Pennsylvania, and a third is to assemble at Harrisburg, at 9 A. M., October 2d, 1861: the list of candidates passed by the last Board having been reduced by the appointment of six of them by the United States authorities to the post of "Brigade Surgeons." This selection is complimentary to the action of the State authorities in their choice of Surgeons for our State troops, and is worthy of the attention of future candidates.

Permits, for the examination by the next Board, will be issued on written application to the Governor, enclosing a testimonial of moral character. No one can become a candidate whose organs of sense are imperfect, or who has any tendency to consumption, scrofula, rheumatism, or any disease likely to affect his usefulness in the field. Surgeon-General Henry H. Smith, of this city, will furnish any other information connected with this subject, and also issue permits to such applicants as are residents of Philadelphia, on presentation of references by those who are personally unknown to him.

The following significant advertisement is from the Richmond *Whig* of August 2:

"The medical men throughout the State are respectfully requested to forward to this office all the reliable *vaccine virus* they can spare. Compliance with this request is urged upon their attention as of the utmost importance to the public welfare. "A. E. Petticolas, M.D.,
"*Vaccine Agent.*"

We have a large lot of good vaccine virus on hand, which we would be very happy to distribute to our old friends in the South, if they will give us the opportunity. It is easily done—by returning to their allegiance!

A Board of Surgeons for the examination of candidates for the post of Surgeon and Surgeon's-Mate in the Pennsylvania Troops, will assemble in Harrisburg, at the Hall of Representatives, Wednesday, October, 2, 1861, at 9 A. M., when and where all desiring appointments will present themselves.

To Correspondents.

Dr. C. L. S., Wisconsin.—Certainly, a direct violation of the code of ethics, it knowingly made and persisted in, should be sufficient cause for expulsion from a medical society.

"*Subscriber," New Jersey.*—The information you ask for, has been given several times in full in the Reporter. We would refer you to the Reporter of the 9th of March last.

Surgeons are still required, especially for the Naval service. To enter the regular service of the Government make application by letter to the Secretary of War or Navy, at Washington. To enter the volunteer service apply to the Surgeon General of your State, if there is one—and there should be—or to the Governor. Rugged health is required as a pre-requisite to obtaining a commission in the Army or Navy.

W. M.—Address Prof. H. H. Smith, Surgeon-General of the State of Pennsylvania, at Philadelphia.

S.—Maxson's Practice is a text-book on the subject. The work has been severely handled by the reviewers. It has great faults, particularly as a literary production, but is not without some considerable merit, and it has been, we think, more condemned with prejudice than judgment. We have become so accustomed to certain venerated authorities, that a new writer on the practice of medicine is looked on as an intruder. The work gives the most recent therapeutics, and those who are in the habit of using the new remedies, and the "concentrated remedies," will appreciate the volume. It is published by Lindsay and Blakiston, Philadelphia; price $4.

Mr. C. H., Pennsylvania.—To be eligible to appointment as Surgeon or Assistant Surgeon in the volunteer corps of this State, it is requisite that the candidate be a graduate of a medical college in good repute. Without a diploma, we presume that it would be useless to apply for an examination before the State Board of Examiners.

☞ In looking over our stock of Reporter's on hand, we find a surplus of some numbers, of which some of our collaborators may desire to possess the copies containing their communications. Any such who will send us their address, enclosing one dollar, shall be supplied with such number of copies as will satisfy them. First sent first served. ti.

Communications Received.

Connecticut—Dr. G. B. Hawley. *District of Columbia.*—Dr. J. Collins. *Delaware*—Dr. W. A Tatem. *Massachusetts*—Drs. T. S. Perkins and Dow. Per J. G. White: Drs. R. Woodward, W. Workman, J. Green, B. F. Heywood, J. A. Andrews, F. H. Kelley, F. Gilman, H. W. Burton, L. H. Fish. M. W. Gereld, J. W. Tonttallatte, J. Sargent, B. R. Clark, E. B. Holt, E. Lovell, O. F. Harris, C. R. Moules, A. B. Deland, E. Flint, J. B. Scribner, J. N. Murdock, H. F. Bishop, E. N. Chamberlin, G. A. Southgate, L. Spaulding, S. W. Cook, T. T. Griggs, F. Nichols, C. D. Wheeler, J. G. Johnson, A. Hitchcock, T. R. Boutelle, G. D. Collong, H. H. Brigham, G. Jewitt, each with encl.; Dr. C. E. Stedman. *Michigan*—Per Jno. Hulme: Drs. S. P. Choate, E. A. Egery, S. D. Richardson, M. A. Krop, L. B. Follett, J. M. Tefft, W. Byrnes, C. S. Tucker, S. S. Cutter, J. H. Woods, A. Crissy, L. B. Meindermann, M. A. Patterson, W. C. Eisher, O. L. Rider, C. S. Chamberlin, B F. Root, N. H. Kimball, J. M. Piersoll, R. B. C. Newcomb, each with encl. *New Jersey*—Drs. J. V. Bobbins, H. Van Blarcom, and B. B. Matthews, each with encl.; Dr. Ch. Butcher. *New York.*—Drs. S. W. Francis, (2,) H. L. Horton, and J. Solis Cohen. *Ohio*—Dr. A. J. Stephens. Per J. Hulme: Drs. J. Green, A. M. L. Potts, E. Cross, and S. S. Thorn, each with encl.; Dr E Spooner. *Pennsylvania*—Lindsay & Blakiston; Dr. J. B. Stubbs, with encl.; Drs. A. P. Dutcher, J. N., C. James. B. K. Jhnson, J. L. Stewart, G. S. Wentz, and C. Hunter. *Vermont*—Per H. B. Cross: Drs. J. H. Talbot, and E. Barker, each with encl.

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 253. } PHILADELPHIA, SEPTEMBER 28, 1861. { NEW SERIES, VOL. VI. NO. 26

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Hints and Observations on Military Hygiene, relating to Diet, Dress, Exercise, Exposure, and the Best Means of Preventing and Curing Medical and Surgical Diseases in the Army.

By a Hospital Surgeon of Philadelphia.

(*Continued from page* 531.)

GUN-SHOT WOUNDS COMPLICATED BY FRACTURES OF BONES.

These injuries and fractures have many peculiarities in their nature and course, by which they are distinguished from the ordinary complicated fractures as seen by the civil surgeon.

I shall, therefore, depend almost entirely upon the army surgeon, and principally upon the distinguished "Surgeon-in-Chief of the Schleswig-Holstein army," who made careful observations upon two thousand cases in the campaign of 1849 against the Danes."*

"The most fearful injuries of bones are those caused by the heavier projectiles; cannon-balls, pieces of bombs, fragments of wood or of other material which, torn loose and scattered around, cause comminuted fractures of the bones, and in the soft parts a concussion which diminishes their vitality, so that the blood stagnates in the crushed vessels, and the innervation being in a decreased extent, gangrene commences. Very frequently these injuries are fatal from the shock experienced by the nervous system, showing itself by an extreme degree of weakness, coldness and pallor, and by a rapid small pulse; often death occurs in the first twenty-four hours; should the patient live longer gangrene sets in, which generally attacks all parts below the affected spot, and now the patient rarely survives the fourth day, remaining in a depressed condition with a more rapid, but by no means strongly developed pulse. This mode of death occurs most frequently in those persons where a heavy projectile has torn away a whole limb; often they die soon after the reception of the injury, many indeed upon the field of battle; the least dangerous is the loss of an arm; and again in such cases the danger is increased the nearer the injury is to the trunk. Of four cases only one recovered where the arm was torn away in the elbow-joint; the three others—where the injury took place above the insertion of the deltoid—were fatal; in one of them exarticulation was performed at the shoulder, and proved fatal within the first three days.

A fifth case, in which the arm was torn away above the elbow by a cannon ball, and in which amputation was soon after performed, proved fatal on account of rupture of the spleen, with fracture of the ribs and injury of the lung, caused by the arm being violently struck against the side; the patient lived to the eighth day.

A similar case ended fatally after complete healing of the stump, with symptoms of suppuration of the kidneys, their rupture having been indicated in the first instance by obstinate vomiting, ice-coldness of the extremities and hæmaturia. In these fatal cases after the arm has been carried away, the simultaneous injury to the trunk must be always taken into consideration, the risk of this is less in similar accidents in the lower extremities; while there, as well known, the danger of amputation is greater."

Not less dangerous than the cases last mentioned are those where the bone is crushed by a heavy projectile, yet the soft parts are preserved; these are very apt to result in mortification. The appearance of the limb deceives the young surgeon as to the extent of the in-

* From the Hand-Book of Surgery of Dr. Louis Stromeyer, translated by S. F. Statham, London, 1860. (Abridged.)

jury, so that it is supposed a simple fracture is present, yet upon closer examination extensive crushing is discovered. The extent of the injury is recognized by the peculiar feeling of many fragments of bone rubbing upon one another by the increased mobility, and by the introduction of the finger, if a wound is present.

GUN-SHOT WOUNDS OF SINGLE BONES.

Injuries of the Facial Bones.—It is remarkable what slight accidents follow these injuries. Dr. Stromeyer states that he has seen many cases where a bullet had traversed the root of the nose, or somewhat deeper beneath it, without the slightest symptom of concussion of the brain showing itself, as is otherwise frequent in fractures of the nasal bones; these wounds healed rapidly, and without extensive exfoliation. The wounds are considered by him just as trifling where the bullet entering the upper jaw of one side traverses it and the nasal fossa, and escapes through the opposite cheek; both antra of Highmore being frequently opened. Still more frequent are cases where the bullet strikes upon and injures the upper maxillary bone anteriorly, and makes its exit in the neighborhood of the ear; in these cases a paralysis of the facial nerve is common on the injured side, fully disappearing after some months, so that we must probably refer it to a contusion of the nerve. Balls remaining in the antrum Highmorianum often give rise to no accidents.

GUN-SHOT INJURIES OF THE VERTEBRAL COLUMN.

Injuries of the Spinal Processes frequently occur without serious consequences.—In two cases, the cervical vertebræ were contused by a bullet, which had entered on the outer side of the sterno-mastoid, and had also bruised the brachial plexus; paralysis of the arm of the corresponding side was at first complete, but gradually sensation and motion returned almost fully. In one of the cases the phrenic nerve was contused, and for eight days there was great dyspnœa present, and the patient was obliged to remain in the sitting posture; it was at first supposed that the lung was injured, but there were no physical changes on the corresponding side of the chest. In a case of contusion of the cervical vertebræ by a similar shot there remained stiffness and pain of the neck on motion, after four months. In a more severe case where the posterior portion of the fifth and sixth cervical vertebræ were torn away by a bullet, paralysis of the lower extremities occurred on the first day, and soon after of the arms; and death occurred on the fifth day.

In another case, where a bullet entering laterally, had severely bruised the third and fourth cervical vertebræ, and had not been extracted, death followed by inflammation in the spinal chord and brain.

On the first of August Dr. Stromeyer extracted a bullet which had entered on the sixth of July, between the arches of the third and fourth lumber vertebræ, and there had become fixed. At first there was no severe symptoms: suddenly, there occurred violent pains, with cramp in the extremities, resembling tetanus, and accompanied by delirium; on the removal of the bullet the finger could be introduced into the spinal canal, but the patient died; the autopsy showed inflammation of the spinal chord.

Gun-shot Injuries of the Lower Jaw.—These injuries occur very frequently, and are often of the most frightful form. In many cases the bullet had traversed each lateral half of the lower jaw, and on each side, causing comminuted fracture.

The treatment of such cases was extremely simple. Merely removing teeth or fragments of bone, which were either fully loose, or were hanging by thin shreds; the discharge of the rest was expected from the suppurative process, and they were only removed when this could be performed with ease.

The mouth must be cleansed by injections of cold—later by lukewarm—water. This is considered positively essential, as the swallowing of matter leads not only to gastric irritation, but also to typhus symptoms. A solution of chloride of lime was also found at times useful in cleansing the mouth.

In no case was any resection undertaken of the injured jaw, nor any bandage applied. The result of this simple manner of treatment was very favorable, as not only the majority of the patients recovered, but the resulting deformities were but slight; the fragments united by bone, excepting in two cases. This, Dr. Stromeyer says, is due to the fact that he left the discharge of the greater fragments of bone to the suppurative process, and thus, the periosteum remaining behind, could form new bone.

Gun-shot Wounds of the Pelvis.—These injuries were always very dangerous, excepting those

where the crest of the ilium was struck and shattered. All his cases ended fatally where the bullet penetrated the pelvis posteriorly. Dr. Stromeyer considers the antiphlogistic as the only proper treatment of these deep seated injuries of the pelvis; pain relieved by opium, and mercury given, should pyæmia arise.

Gun-shot Injuries of the Clavicle.—These injuries are not considered so dangerous as might have been expected on account of the neighborhood of important organs. They are met with in all forms: from simple fracture, where the bullet had glanced off, to the complete comminution of large portions of the continuity of the bone. In one case, both the acromial end of the clavicle and the spine of the scapula, were fractured. In the case of a lad who had received a musket-shot when in close proximity, the acromial end was fractured, and a piece of integument, of the size of the hand, was torn away. Yet this case was successful; the remainder of the clavicle, which had been drawn upward half an inch, and had projected very much, was again approximated to the shoulder during the process of cicatrization, and the cure resulted without deformity. The treatment of these cases was extremely simple: the arm was fastened to the trunk, cold applications at first employed, and oiled charpie after the full commencement of suppuration; the fragments of bone were only withdrawn when become fully loose.

Dr. Stromeyer considers that injuries of the clavicle are specially suitable for proving that expectant treatment, without surgical interference at first, is by far the most preferable, and that the early extraction of sequestra, or resection, is not necessary, unless under peculiar circumstances.

Dupuytren distinguishes in gun-shot injuries of bones, the primary, secondary, and tertiary splinters.

The primary are those found fully loose, and which are drawn out on the first examination; secondary, those still hanging to the soft parts and becoming free by suppuration—how soon these can be withdrawn depends upon their position; if superficial, their discharge may take place without any violence from the fifth day; if deep or very large, they may remain for many weeks.

Tertiary splinters are those which arise through inflammatory necrosis of the fractured ends. The larger these sequestra are, so much longer time is required. The most powerful means for obviating this inflammatory necrosis are rest, the antiphlogistic treatment, and the free escape of matter.

The required rest is to be obtained by suitable position and retention as in ordinary fractures, (except in rare cases,) nothing is more prejudicial during the first few days than the movement of the fractured limb.

The second capital point is the antiphlogistic treatment. A great man, John Hunter, says, in his "Treatise on Gun-shot Wounds," that injuries of the extremities do not bear venesection as well as those of the cavities, and the majority of surgeons follow this doctrine; but Dr. Stromeyer considers it erroneous, and he employs venesection in complicated cases with the best results.

He also states that, from all he has seen in the campaign of 1849, he is well able to hold the same opinion as regards gun-shot fractures. Unfortunately, he observes, that in these days the value of venesection, as well as of the most active remedies, is sunk through the influence of the present expectant, homœopathic and hydropathic systems, so that the young German surgeons glory in the fact that they have never ordered a blood-letting. The proper time he states for venesection, is within the first three days from the time that the patient completely recovers from the first shock. When once suppuration is present, it is no longer indicated; but now the local abstraction of blood by leeches, and in many cases by incision—cold applications, as before recommended—are considered by him as next in importance to abstraction of blood as an antiphlogistic means.

Gun-shot Injuries of the Scapula.—The injuries of the shoulder-blade arise not only from bullets piercing from the side, or from behind, but also very frequently from such as penetrating the pectoralis major from before, reach the axilla, and strike the bone from within outwards. In one instance, Dr. Stromeyer observed an injury of the inferior angle of the scapula from a bullet, which, entering on the inner side of the arm close above the elbow, had coursed along the vessels, and again become free between the scapula and vertebral column.

Fractures of the scapula are only very dangerous when the fissure extends into the shoulder-joint. In such cases, there does not follow, as might be expected, an acute inflammation of the joint, for it does not swell and is not pain-

ful on pressure, but the wound takes on a bad character, and pyæmia results.

The diagnosis of the fissure into the joint being difficult, even when it is known that the scapula is broken, all these cases must be treated antiphlogistically, and that very strictly.

Dr. Stromeyer's treatment is, perhaps, too strictly antiphlogistic for the notions of the followers of Todd in medicine, with Kern, Larry, Guthrie, and our own distinguished surgeon, Prof. Gross, who depends on a full diet, with rest, and occasionally a mild purgative and cold water, as the local application.

To be Continued.

Vesico-Vaginal Fistula.

Record of Cases.

By D. Hayes Agnew, M.D.,
Surgeon to the Philadelphia Hospital.

Case 4.—I have on previous occasions furnished reports of three cases of vesico-vaginal fistula cured under my care. Since these, a number of others have been successfully operated on, which shall be communicated for the pages of your journal. The observations made during the progress of these several cases, have enabled me to determine some important facts, which probably have been ascertained with equal distinctness by others who have enjoyed frequent opportunities to treat this distressing class of accidents. These facts I shall state after recording the cases which have fallen under my care.

Alice Maily, an Irish woman, about thirty years of age, during a severe labor with a first child ruptured her uterus, the child escaping into the abdomen. The fœtal head had not passed below the superior strait of the pelvis, the diameters of which were contracted before the accident occurred. The case being under the care of the medical officers of the Nurses' Home. Dr. E. Wilson was immediately summoned by the attending physician, Dr. Scholfield, as the propriety of the *abdominal section* admitted of no question; the operation was performed by Dr. Wm. Byrd Page, the child removed through the parietes of the abdomen, and the life of the mother preserved. Sometime subsequent, it was discovered that the rent in the uterine walls had extended through the cervix, and involved the vesico-vaginal septum, giving rise to a fistula. After the restoration of the woman to health, she was placed in St. Joseph's Hospital, and at considerable intervals, three unsuccessful attempts were made to close up the orifice; two of these by a skillful adjustment of its edge, on the plan usually known as Bozeman's modification of the operation of Dr. Sims, in which after freshening or paring the margins, silver threads are introduced, the ends of which being passed through a lead plate or button, perforated with a number of holes corresponding to the sutures, and secured by shot run down and clamped upon them. The patient was afterward placed in the Philadelphia Hospital under my charge, where, after careful attention to her general health for some time, she was operated on. The patient being etherized, was placed on her abdomen over a stool which rested upon the bed, and the parts being well exposed by the lever speculum, the edges were pared freely in an oblique direction. Some little difficulty was experienced in freshening the upper margin of the opening, as the fistula was transverse and close to the anterior part of the cervix uteri. Seven silver threads were introduced, the edges readily brought together, and there retained, by running shot down the wires and compressing them by a stout pair of dressing forceps. The ends of these wires were twisted together, brought out of the vagina and passed through a gutta percha tube, in order to prevent irritation. A catheter was introduced into the bladder, having the end inserted in a small flexible gum elastic tube, and after the patient was placed in bed, the free extremity passed into a bottle to receive the urine. The bowels were kept quiet by an occasional pill of opium, and the diet consisted of milk, eggs, and nutritious broths. No unpleasant symptoms occurred, and on the eighth day the sutures were removed, the wound not having closed more than one-half its extent. In examining the parts carefully, and reflecting upon the previous failures, I thought I discovered the true source of difficulty which subsequent events confirmed. The proximity of the fistula to the cervix uteri, the latter organ being somewhat retroverted, subjected the parts to the constant pressure of the os, so that when the opening was unclosed, the cervix passed slightly into it. Profiting by this observation at the second operation undertaken, nine weeks subsequently, I determined to turn the os uteri into the opening permanently. With this end in view the inferior semi-circumference of the fistula was well pared, next the

posterior half of the cervix uteri, after which eight silver sutures were introduced and secured by the shot, the ends of the wires being cut off close to the latter. The os uteri was by these means turned into the bladder. The subsequent treatment pursued did not differ from that practiced after the former operation. Eight days afterward the parts were examined with a view to remove the ligatures, which were found in such excellent position, and without any surrounding irritation, that at the suggestion of Dr. E. Wilson, who was present, I was induced to allow them to remain two days longer. On the tenth day they were clipped out, and to our great satisfaction the fistula closed. Since that time this woman has menstruated through the bladder. Enjoyed comfortable health, been able to support herself as servant in a private family, and certainly rid of a most distressing, as well as disgusting malady.

Two years have elapsed since this woman was treated, and only a few weeks since, I had an opportunity of learning from herself that she continues well.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.

A NEW SUTURE.

New sutures seem to be all the rage at present. Certainly half a dozen or more have been invented and introduced to the profession in the last year or so. It is not every modification that is an improvement; but, in the fulfillment of our design, we deem it our duty to keep our readers apprised of all modifications, and, as to improvements, each reader will judge for himself.

In the *Lancet and Observer*, for August, Dr. W. T. S. Cornett, of Versailles, Ind., gives a description of what he calls a new suture. He uses pins of his own make, from No. 9 steel wire, and a gum elastic strap. The manner of application is as follows: "First, pass the pin through the strap near one end, then pass it through the wound, and so soon as the point emerges on the distal side, stretch the strap across, and apply it on the point of the pin, then push the pin forward until it is arrested by the head coming in contact with the strap on the proximal side of the wound."

We certainly see no advantage in self-made pins, and can but think that a pin manufacturer would make them much cheaper, and give them a much better point. Neither do we see any difference in the principle, from the suture which Dr. W. L. Atlee, some time ago, described in this journal, which "consists of the common 'blue needle' and a *gum-elastic ring*, which is passed over the ends of the needle after it has been passed through the edges of the wound." Dr. Cornett's, in principle, is exactly the suture of Dr. Atlee's, over which, if it possesses any advantage, it is that of using a *strap* for a *ring*. Had he confined his article to this suggestive improvement, it would have been more modest, and in keeping with the characteristics which distinguish true scientific progress.

Our constant readers will remember that in the Reporter for December 8th, 1860, Dr. John Swinburne, of Albany, N. Y., recommended, as a universal substitute for all forms of sutures to be applied upon the surface of the body, the common entomology pins.

These pins can probably be introduced with less pain than attends the introduction of any other. Dr. Swinburne would maintain the approximation of the wound by means of the thread, as used in ordinary hair-lip. We think this is a very fine suture, and possesses many advantages.

Dr. F. B. A. Lewis has recently proposed (see Boston *Medical Journal*, for July 11th,) another modification, for which he claims advantages. "It is composed of bits of silver wire of different lengths, according to the thickness of the flaps. These are each twisted, or soldered together at the ends, so as to form loops. One of these is placed over the edges of the flaps, projecting to the usual distance for sutures, and then a pin is passed through both the ends of the loop and the two flaps. As many of these as is necessary are placed along the cut surface, which retain it in close apposition, and adjust the edges with great nicety." Dr. Lewis enumerates several advantages over other sutures.

In the four sutures referred to above, the principle is the same in each. On some accounts we must say that we prefer that of Dr. Swinburne. With these pins, if preferred, the elastic rings or straps can be substituted for the looping of thread, over which last they have some advantages in adapting themselves to the swelling, or subsidence of the same, because of their elasticity.

QUININE—CANTHARIDES—OPIUM IN PNEUMONIA.

In the *Lancet and Observer*, for August, Dr. Alex. McBride, of Berea, Ohio, has an article upon *quinine in pneumonia*, suggested by former articles of ours upon this subject. He agrees with our opinions upon this article, in the

main, but makes some other suggestions, which from their novelty, perhaps, deserve notice here.

He says: "There is a point beyond which quinine, excellent as it is, will not do, and that point is when the lungs are in the actual state of *atomic* congestion. Here is the point where cantharides will do the work. Cantharides will answer in the form of plaster, but the tincture given internally will effect quicker. I seldom use blisters in this disease." His dose of the tincture is *forty* minims every hour or two! Under this treatment, he says, "the danger is soon averted." He says, further, "the duration of this disease, treated in the way here described, is usually seven days." We would like to inquire upon what principle the cartharides acts so promptly and beneficiently? Does it act as an *internal counter-irritant?*

Before concluding our notice of this paper, we wish to make one other quotation for remark: "Opium is a hazardous remedy in this disease." . . . "It is positively injurious in the stage of *atomic* congestion."

We are aware that nearly all authorities condemn the use of opium in pneumonia, but we believe they do so on theoretical grounds. In the early stages of pneumonia, notwithstanding all this condemnation, we believe that opium has but few equals as a remedial agent. It lessens pain, and thus averts the shock to the nervous system, and its consequent depression—it lessens the frequency of the respiration, and thus lessens the fatigue and irritation of the organs diseased, and there is no agent within our knowledge that provokes so free and copious perspiration. Hundreds of times we have seen patients sweat so profusely at night as to saturate thoroughly their own and their bed linen, under a full dose of opium. And nearly as often we have seen pneumonic congestion resolve itself under this free diaphoresis.

Our opinions, upon this point, are not based upon theoretical notions, but upon practical observations. In our hands, quinine and opium are the grand remedies in pneumonia.

In the very last stages of a severe case, tending to fatality, we grant that full doses of opium are improper.

What the Doctor means by *atomic* congestion we are quite at a loss to conjecture, as the term is altogether new to us. If it is a misprint, in each of the several times used, and *atonic* is meant, then we must disagree with him when he says quinine and opium are injurious in such cases. In atonic congestion in particular, is blood-letting and antimony improper, and if the lungs are the organs involved then are quinine and opium peculiarly adapted to the case.

PATHOLOGY OF YELLOW FEVER AND CHOLERA.

In the New Orleans *Medical and Surgical Journal*, Prof. Bennett Dowler has a series of articles upon the following subjects respectively, viz: "*Contributions to the Pathological Anatomy and Natural History of Yellow Fever*," and "*Contributions to the Pathological Anatomy and Natural History of Cholera.*" In cases of deaths from either of these diseases, a careful *post mortem* is made, and the morbid anatomical appearances carefully noted. For this task Prof. Dowler is well qualified. We commend the articles entire to the reader—abstracts from them would be nearly worthless. We, however, quote two phenomena to which he calls attention in the *cholera cadavera*. The *first* is that of "a sub-conjunctival, but extremely minute, punctiform sanguineous infiltration or discoloration, neither like ecchymosis, nor arborizations, but quite delicate and symmetrical, having an elliptical or crescentric figure, occupying the lower segment of the cornea, and a part of the sclerotica, its convexity being downward towards the molar bone, an appearance which, though inconstant, is, nevertheless, characteristic of or peculiar to cholera; at least, I have met with it only in choleraic cadavera."

The *second* is the following; in a case of death from cholera, he says, "for an hour after death the spontaneous contraction of the muscles was violent, augmenting for half an hour." . . . "At the end of an hour there was a visible decline, the motions being chiefly confined to the fingers."

"On another occasion, a man who had died of cholera, from three to five minutes after death, suddenly closed his left fist so firmly that I could not open it without difficulty; soon after, he contracted the right hand violently, as he had previously done the other. It is probable that for some hours before his death, he could not have contracted his fingers more strongly by a voluntary effort."

CONSUMPTION—TREATMENT OF, WITH IRON WOOD.

In the *New Orleans Medical and Surgical Journal*, for March, Dr. J. Stevens has a letter to Prof. Dowler, in which the *iron wood* is recommended in consumption.

Dr. Stevens says: "In conversation with an intelligent and respectable gentleman from Canada, not long since, he asked me if I was familiar with the iron wood. I told him I was not, and referring to my U. S. Dispensatory for 1851, I could find no mention of it. He then proceeded to tell me he had been given up by an eminent physician in Canada, to die of consumption, and that he had cured himself entirely by the use of this article. My informer certainly was a hale, hearty, firm looking man. At the same time he gave me the details of several cases of phthisis pulmonalis, some of which were given over to die by the first physicians of Toronto, in the public hospital and elsewhere," that we are left to infer were also

cured." "Mr. Beaumont (my informant) tells me the prescription originated with an old physician in the English army, who transmitted it to his servant from whom Mr. B. obtained it; the remedy was a secret with the servant for a long time." "Mr. B. says there are two species of the iron wood: the male, which has a blue heart, and is of a sweetish then bitter taste; and the female, which has a white heart and little or no taste. Of the former, he takes ℥iij. of the chips of the heart, rasped up very fine; puts them in a quart of water, and boils them down to a point. Dose: two wineglasses full four times a day, with one grain of sulphate of zinc dissolved in each dose; at the same time, for oxygenating the blood, as he says, he uses the infusion of burdock root, according to the U. S. P., twice a day. This treatment must be persisted in until two or three quarts are taken, before any visible effects are produced, but if persisted in, he says it will certainly effect a cure if there is enough left of lung or lungs to breathe through."

Prof. Bennet Dowler makes some excellent comments upon this letter, which we cannot help thinking are just. The prescription and the recommendation certainly smacks a little of the out-of-the-profession confidence. We have known several persons cured, as they supposed, of some incurable disease, by some foolish prescription, and that, too, as they stated, when abandoned by good physicians, when the facts were, their disease was imaginary, and their physician did not consider the case as one requiring attention — this indifference would be interpreted as a confession of incurability.

However, we regard the remedy as worthy of further investigation. The remedy must be weak in medicinal power, else the strength of three ounces of the wood would not be required daily, and that for some time together.

CHLOROFORM CONTRA STRYCHNINE.

In the *New Orleans Medical Times*, for March, Dr. Schuppert reports a case of poisoning with strychnine, in which the symptoms were relieved by the inhalation of chloroform. He does not claim for the chloroform antidotal powers, but says, "under its free administration the contraction of the muscles ceased, and the organism gained time to eliminate the poison."

LIVING SPERMATOZOA IN THE VAGINA EIGHT-AND-A-HALF DAYS AFTER INTERCOURSE.

In the *American Medical Times*, for March 9th, Dr. S. R. Percy reports a case in which, eight-and-a-half days after the last sexual connection he found semen issuing from the os uteri. A microscopical examination revealed "living spermatozoa, and many dead ones." During this time the husband of the patient had been from home. Of the honor and veracity of the patient, Dr. Percy says: "I would stake my reputation on her honor." Dr. Percy thinks this fact may have a medico-legal bearing, and will necessarily widen the margin to the ordinary term of pregnancy, granted to exceptional cases.

A CHILD BORN COVERED WITH SULPHUR.

In the *St. Louis Medical and Surgical Journal*, for March, Dr. A. A. Rucker reports a case of a child born covered with an unguent of sulphur. Sulphur was manifest between the fingers and toes in a pure state, and Dr. Rucker thinks the previous administration of sulphur to the mother accounts for all the symptoms. She had been using the sulphur internally, in nearly teaspoonful doses, for several weeks anterior to confinement.

This was certainly a novel method of manufacturing sulphur ointment, besides being the only case on record where itch ointment was applied to a child in utero!

POPLITEAL ANEURISM CURED BY DIGITAL COMPRESSION.

In the *Lancet and Observer*, for March, Prof. G. C. Blackman reports a case of popliteal aneurism cured by digital compression. Pressure was made at the groin, and was continued only three hours, when the pulsation entirely ceased and did not return. On a former occasion we referred to a case of cure of inguinal aneurism by digital compression, under the direction of Prof. W. C. Nichols, of New Orleans. In that case pressure was obliged to be continued for *thirty* hours.

M. Bouvier, of France, has recently reported two cases cured in the same manner—one of the brachial artery, and the other of the temporal. In the first case, pressure was obliged to be continued for thirty-one hours, and in the last eighty-five. In this last case, however, pressure was intermitted during the night.

CEREBRO-SPINAL MENINGITIS.

Among the "Interesting Cases" reported by Dr. Wm. O'Meagher, in the American *Medical Times* for March 23, we find the following, which we think deserves to be copied entire into our *Summary*:

"The patient, a young man, had been ailing for several weeks from supposed typhoid fever, the prominent symptoms being prostration, delirium, and involuntary evacuations from the bowels and bladder. He was also said to be dissipated in his habits for a long period. On admission, however, his delirium was set down

as almost hopeless fatuity and paraphlegia, arising from cerebro-spinal meningitis, and caused by dissipation and other vicious habits. He continued in this condition for upwards of a month without the slightest sign of improvement, an object of disgust and loathing to the nurse and the other patients; during which time every available remedy was exhausted, until the service of Dr. O'Rorke, who directed him a mixture of equal parts of tincture of iron and cantharides, the nutritious regimen to be continued. In a short time a decided change was visible, and, at the end of about three months from the time of admission, he went out as well as ever he had been, a model of good health and quick intellect."

This has been a favorite prescription with us, in *amenorrhœa* of young girls, for several years past.

THE ACTION OF CHLOROFORM ON THE BLOOD.

In the Boston *Medical and Surgical Journal* for March 28th, Dr. C. T. Jackson has an article upon this subject. He says, "Chloroform consists of one equivalent of formyle and three of oxygen. When chloroform is inhaled into the lungs, the oxygen is abstracted from the blood, and, combining with the formyle, makes formic acid, while chlorine combines with the blood as a substitute for oxygen. Thus a portion of the blood becomes chemically changed, disorganized, and rendered unfit for its vital functions." He further says, "I have now a phial of this blood (blood taken from a young lady killed by the inhalation of pure chloroform) before me, it having been kept in my office, exposed to temperatures from the freezing point to above eighty for more than six years, and yet it has not decomposed, nor has a single blood-globule settled to the bottom of the phial, nor has the color changed in the least."

VOMITING IN PREGNANCY.

In the American *Medical Times* for March 16th, Dr. Wm. M. Turner, of Virginia, has an article upon the causes of vomiting in pregnancy. The opinions of others are critically examined, and then his own given, as though confident of their correctness. He says, "The ultimate and prime cause of this vomiting is, in my opinion, the *pressure exercised on the blood-vessels by the gravid uterus.*"

The reason why this sickness is in the morning instead of evening, is thus given:—"It is very natural that the sickness should be so decided in the morning, for the recumbent posture is evidently favorable for bringing about the pressure as mentioned. The feeling of nausea passes away as the patient stirs about, and as the circulation becomes improved and more general."

It is really amusing to see with what assiduity some persons will labor to disprove even plausible theories advanced by others, and to introduce instead, opinions of their own, even lacking plausibility. If *pressure* is the cause of the morning sickness of pregnancy, then that symptom should *increase* in severity and frequency, as the patient advances in the period of gestation, until the time of labor. If pressure by the gravid uterus upon the vena cava descendens is the cause of vomiting, then there should be no vomiting until the gravid uterus attains such size as will produce pressure, and from that time it should increase, day by day, in severity, until the period of delivery. Now, these are not the facts. The author says:—"This seems to me to be rational at least, for by it can be explained *all cases* of morning sickness, and all absence of it." To us it seems *irrational*, and inadequate to acount for any case. After explaining the cause of the sickness being in the morning, why did he not tell us why it usually ceases at the end of the *third* month? And, further, why is it that, in some cases, the vomiting commences even before the product of conception reaches the womb at all? One of the most obstinate cases of vomiting we ever saw, occurred under the following circumstances: The lady conceived on a certain night, and on the following morning sickness commenced and continued daily for three months, and then ceased. She was positive in regard to her knowledge of the time of conception, and the delivery corresponded. Now, was pressure of the gravid uterus the cause of the morning sickness in this case?

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Sickness in the Rebel Army.—A recent copy of the Charleston *Mercury* contains an editorial article, in which it speaks of the bad food furnished by the Commissariat at Richmond. It speaks of "fifteen thousand troops now lying sick, scattered all around Manassas." It adds that the Commissary Department "furnish raw wheat flour, and leave the poor soldiers to work it into a dough, which has proved more fatal to the army than Yankee rifles and cannon." In the same paper it is also stated that "the number of disabled volunteers in Richmond increases with each day's arrival from Manassas. On Sunday, the Central cars brought down 100 of the sick, who were immediately distributed in the different hospitals. An arrival on Monday morning added 150 patients to the list."

Pecuniary Compensation for Injuries.—One of the English railway companies paid, as compensation to persons injured on their road during last year, four hundred thousand dollars!

Value of Space in a Dense Population.—The London *Medical Times* says that land, in London, sells for about $835,000 per acre.

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D.
R. J. LEVIS, M. D. } Editors and Prop's.
L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, SEPTEMBER 28, 1861.

Three years of labor on the Medical and Surgical Reporter, in its weekly form, terminates with this number. Six volumes of medical literature have been added to the libraries of a large number of physicians in all parts of the country. If the intentions of the conductors of the work have in any degree been fulfilled, this literature has been given in a condensed, attractive, and pleasing form, a form in which it is much more likely to be read profitably, than if given in more elaborate essays in monthly or quarterly publications.

The Reporter has become the most important medium of intercommunication in this country, between members of the medical profession, having much the largest list of correspondents and subscribers, without doubt, of any medical journal in the country. The present extent and rapid increase of its circulation, and the many testimonials given by subscribers, attest the favor with which the work is received by the profession of the country. Its conductors feel encouraged by these facts to make renewed exertions to add to its usefulness and acceptability.

The past year has been an exceedingly trying one to medical periodicals in this country, and a very large number of them have been compelled to suspend publication. Of thirty or more that were published but little over a year ago, we believe that but fourteen remain, (allowing four to the Southern States,) and two or three of these are, we understand, on the point of suspension. In New York city the number has been reduced from five or six to two; in the Valley of the Mississippi, from eighteen to four, on the supposition that one continues to be published at Nashville, and one at New Orleans. Thus it is throughout the country. During last winter and spring, the Reporter, of course, lost all its large southern circulation; but its northern circulation has increased so rapidly, that already it has a larger subscription list than it ever had, and that is rapidly increasing.

In conclusion, we would return thanks for past support and encouragement, and bespeak a continued hearty coöperation on the part of all our readers and contributors, in our efforts to render the Reporter a still more acceptable and useful journal to the profession.

APPOINTMENT OF INCOMPETENT SURGEONS.

Among the appointments to the Volunteer Army of the Union, none should be made with more care and discrimination than that of the various grades of Surgeons. Of all others, these should be *e merito*, as they have to deal with the soldier when he has no power to defend himself, and many valuable lives, and the comfort and stay of many a household depends upon the skill with which he performs his duty. In the hurry with which the three months' volunteers rushed to the field, perhaps it was unavoidable that some incompetent surgeons, as well as other officers, entered the service. But in the greater deliberation of officering the three years' volunteers, we had hoped, and the public and the army had a right to expect, that more care would be exercised, and none but good appointments be made. Where, through carelessness, indifference, favoritism, or any other cause, a different course has been pursued, we trust that it will be sufficient to call the attention of the proper authorities to the subject. to have the errors rectified.

In the matter of appointing surgeons, our county and other local medical societies should exercise a vigilant care that no incompetent appointments be made through their indifference to the subject. In this respect, the Medical Society of Essex county, N. J., has set a good example.

There is no State in the Union where the medical profession has exhibited such an *esprit du corps* as in New Jersey. Its State Medical Society is one of the oldest in the country, and there is a life and animation in the proceedings of many of its county organizations which surpasses most of our other country medical societies. The medical profession of New Jersey

never looked with favor on pretension of any kind. And the Essex County Society bears the palm in this respect at the present time. Its members watch the interests of legitimate medicine with a jealous eye.

We append a communication from that Society to the Surgeon-General of the United States Army, protesting against a recent appointment as Brigade-Surgeon in the Volunteer Army. It seems that while some of the first surgeons of Newark have entered the volunteer service as Regimental Surgeons or Assistant Surgeons, the important position of *Brigade* Surgeon has been conferred on a man who studied medicine but a few months, and who, it appears, never attended a course of medical lectures, and therefore never graduated in medicine! It would be interesting to know by what process such a man was appointed to so important a position, while the truly worthy surgeons of Newark occupy subordinate places.

Some of our States have appointed Boards of Examiners to examine candidates for appointment as surgeons in the army. This is proper, but has not, we are sorry to say, prevented some very objectionable appointments. Whenever this occurs, it is the duty of the medical profession to expose the incompetency of the person so appointed. This is best done through the medium of local medical societies, as has been done in the case referred to above.

A correspondent in this State, writing on this subject, says, that men have been appointed surgeons to our Regiments "who have seen no practice, who have 'read up' so as to pass a good examination, but who do not know how practically to treat the simplest malady." There should be some supervisory power which can remove, and which will promptly remove any man who gives evidence of his incompetence to properly perform the duties of a surgeon.

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Government is increasing the hospital accommodations in the vicinity of Washington to 15,000 beds. It has also directed that a full supply of bandages, etc., be distributed to the surgeons.

The hours at which death most frequently takes place have been ascertained, by Dr. Agenli, of Padua, to be at 11 o'clock at night, and between 10 and 11 o'clock in the day time. The greatest number occur at night. The observations were on the deaths of 1,947 individuals.

Correspondence.

Orange, N. J., September 18th, 1861.

C. A. Finley, Esq., M.D.,
Surgeon-General U. S. A.

Dear Sir:—In behalf, and at the request of the members of the "District Medical Society for the County of Essex, N. J.," I address you in relation to the recent appointment of Mr. John J. Craven, of Newark, to the office of Brigade Surgeon. Mr. Craven is an old resident, and I believe a native of Newark. He has been engaged in various pursuits, as a carpenter, a dealer in merchandise, a keeper of a saloon, etc., till two years ago, when he entered the office of Dr. G. Grant, now Surgeon of the 2d Regiment N. J. V., for the study of medicine. He remained with him three or four months, when he left his office, and set up for himself as "Doctor Craven." I am informed by the medical gentlemen of Newark, that he has no *medical* or *surgical* knowledge which can avail him in the position to which he has been assigned. He has no diploma; has never attended medical lectures; has no license to practice; and has not the shadow of a claim to a medical status at home. He was Surgeon of one of the three months' regiments, having obtained his commission during the times of peace, by virtue of his assumed title, and at a time when medical attainment was not considered necessary in organizing a regimental staff. When his regiment returned, he endeavored to obtain another appointment, but was unable to secure it. The profession of this District is now surprised and mortified by the announcement of his appointment to the responsible post of Brigade Surgeon. I am desired by the members of the Medical Society of this District in their behalf, to enter a respectful protest, in which I cordially unite, against this appointment of John J. Craven. We do so in vindication of the honor and dignity of the medical profession in this portion of New Jersey. Drs. Dougherty, Osborne, Grant, Oakley, and Woodhull, have gone out from among us as Regimental Surgeons. They are medical men whom we respect and esteem, as well educated and thoroughly competent. We ask in the name of the profession at large, that they shall not be compelled within the camp, to consult with one, who at home does not aspire to an equality with them, and who is known as an irregular and unlicensed practitioner, professional intercourse with whom, on their part, would subject them to censure and expulsion from the ranks of the profession, by a violation of the Code of Medical Ethics, which it is their ambition to honor and magnify. We feel assured that you will be pleased to know the facts as above detailed, and the feelings of the profession here

in regard to them, and that they will receive such attention at your hands as the circumstance of the case will allow.

I am, very respectfully,
Your obedient servant,
Stephen Wickes,
President Dist. Med. Soc'y, of the Co. of Essex, N. J.
Attest: Hiram H. Tichenor,
Sec'y of Dist. Med. Soc. of Essex Co.

TWO CASES OF FAILURE OF CHLOROFORM AND ETHER TO PRODUCE ANÆSTHESIA.

Spring Prairie, Wis., Sept., 1861.

Case 1st.—I administered ether to a child aged seventeen months, in large quantities, and for a period of over an hour, and being unable to produce the desired effect, tried a combination of ether and chloroform in the proportion of three parts of the former to one of the latter, which mixture I used freely for another hour, but could not get the child beyond the stage of excitement. I then tried chloroform alone for half an hour, but did not consider it judicious to persevere longer. I, however, concluded to proceed with the operation, which was for the relief of a very bad case of talipes varus and equinus, the distortion being so great as to cause the child to attempt walking on her external malleolus, the sole of the foot being turned completely upward, and the heel and toe forming the extremities of a right angle.

I found it necessary before I was able to bring the foot into position to divide the anterior and posterior tibial tendons, the tendo Achillis, and also the plantar fascia very freely. But even then, such was the distortion of the tarsal bones that I was obliged to use the plaster of Paris bandages* to retain the foot in shape, which bandages I kept the foot confined in for four weeks, and on removing them found a very satisfactory result from the operation, the foot being nearly as straight as the other, (which is perfect,) and the child being able to bring the sole to the ground.

However, to insure success, I had the ordinary shoe with steel side springs and iron sole applied, which is still retained. It is now three months since the operation was performed, and all is going on very satisfactorily, the child being able to use the foot well, and the degree of deformity remaining being hardly perceptible.

Case 2d.—A. N., aged sixty, applied to me about three weeks ago for an operation to relieve or cure a lachrymal fistula of twenty years' standing. On examination, I found a cavity on the cheek near the inner canthus of the eye, of about the size of a quarter of a dollar, filled with pus, and having red, angry looking edges. I found on cleaning the cavity that the bone was completely denuded. I proposed the introduction of a style, which was readily acceded to. I did not find it necessary to use a knife, the probe being sufficient to make way for the introduction of the style. A week after its introduction, I found the wound kindly granulating and cicatrizing, but the cicatrization tending to produce a frightful looking ectropion of the lower lid. I therefore proposed that the cavity might be filled by a plastic operation. I administered ether and chloroform as in the other case for three hours, but like the other could not pass the stage of excitement. I told the patient that I could not produce anæsthesia in his case, whereupon he agreed to stand the operation without any such effect being produced.

I proceeded to take my flap of skin from the usual place above the nose, turned it down into the cavity, after paring the edges of the old ulcer, made a small slit through which to introduce the style, and put in four metallic sutures; all has since gone well. I forgot to state that I brought the edges of the part from which the flap had been taken together by metallic clamps and sutures, and procured union by first intention in a great extent of its surface.

I would state that the anæsthetics used in the above cases were good, as I readily produced the anæsthetic effect in an operation for necrosis of the tibia, and also in a case of strangulated hernia.

Yours, truly,
Chas. L. Stoddard.

THE SWING CURE.

Philadelphia, September 14th, 1861.

Messrs. Editors:—I find the following article in the "Courier des Etats Unis," of the 12th inst., which I translate and send to you, believing that it may be of some interest to the numerous readers of your worthy journal.

Advice to Consumptives.—A physician in Constantinople has just proved that swinging may be employed as a remedy in consumption; undoubtedly such an announcement is calculated to make our learned doctors smile with contempt. Nevertheless, we deem it our duty to tell them, not to look upon swinging as merely an agreeable pastime, but that it would be well to study the effects produced by the more or less rapid movements of oscillation. A kind of uniform ventilation either upon the surface of the body or in the organs of respiration, may have efficacious results, and we prevail upon physicians not to repel without examination the treatment of phthisis by swinging.

Besides, if we examine the medicine of ancients, we find that they then recommended

* I would state that I received the idea of using the plaster of Paris bandages in such cases from Dr. E. P. Wolcott, of Milwaukee.

navigation as a cure to this disease, not because of the virtue attributed to sea air, but because they thought that the motions of the vessel as well as the alternatives of joy and sorrow, of fear and hope, did much good to the human body.

The Romans had imagined beds liable to be swung. They made frequent use of them in several diseases, and Celsus himself advised swinging beds in several chronic diseases. Why should swinging not give tone to the breast, not rid the lungs of superfluous humors? We have gathered the facts! to our physicians the care of studying and experimenting.

Hoping, gentlemen, that you will excuse the liberty which I take in sending you the above.

I remain truly yours, M. D.

NEW YORK CORRESPONDENCE.

Non est vivere, sed valere, vita.—Martial.

Messrs. Editors:—The time for business-men and families to return to earthly details, after summer ease, has now arrived, and poor, careworn, neglected belles, require building up ere they engage once more in the great conflict of surrounding agencies. This is a new and profitable kind of change for practitioners who have remained in town, administering comfort to enfeebled years, and bringing solace to afflicted poverty. Besides this evidence of calls upon the medical profession, the colleges are rousing from their dog-day's meditation, and stretch forth most patronizing arms, the better to embrace each modest opportunity.

Professor Carnochan, of the Thirteenth-street Medical College and Charity Hospital, held forth last week to many who were entertained, enlightened, and instructed, relative to gun-shot wounds and operative surgery. The Doctor loudly advocated amputation on the spot: stating that prostration was, in general, not increased by the slight shock of a "clean cut;" whereas, if a delay ensues, the torn and lacerated arteries bleed afresh, degenerate, and hectic fever then forbids the desired removal of a limb. Dr. Mott does not approve, according to his lectures, of this hasty method of disposing of a shattered extremity, and quoted to me, but the other evening, the remarks of Baron Larrey and the learned Guthrie, on this very subject. The result of their experience in warfare was, that those who were found in the trenches twenty-four hours after an engagement, and were then operated upon, after all their officers had been taken care off the day before, recovered in far greater a per centage, and their wounds seemed to heal with much more rapidity.

The Twenty-third-street College of Physicians and Surgeons, now merged into the adipose lap of strutting Columbia College, is wide awake, and bids fair to do something when the time arrives? In the University College, where Mott and Draper Payne, and Metcalfe, with as many more, unfold the subtle mysteries of truth, Dr. Thomas, (of justly-merited praise for his, Prolapse of the Funis suggestions,) has laid bare the symptoms of uterine disease, discoursed at length concerning chronic metritis, and satisfied the student's mind that, with the proper remedies—the best most strongly recommended—and a strict regard to caution, obstinate cases may be not only alleviated, but permanently cured.

Of Bellevue College, etc., a full account may be expected ere many suns decline upon the flushing eve.

A few days since, I came into the possession of some facts relative to the birth of children far below the normal weight, yet, in all other respects, perfectly natural as to development. The statements, which are vouched for as correct, and supported by indisputable authority, are as follows:

Some seven years since, a lady, after having met with ten miscarriages, gave birth to a daughter of diminutive proportions. While standing by her bed-side, at the end of the full time, she felt something drop, and, on investigating, a child was found whose weight, by careful measurement, was not quite *two pounds*. It was perfectly formed, though eminently more after the manner of an extract than a saturated solution of connubial felicity. At the end of one year it weighed fifteen pounds! All went on well, and both parent and child are still alive. Soon after this event, the lady was blessed with another—a fine boy—whose weight was exactly *two pounds and ten ounces*. At the expiration of four months, his ponderosity was but ten pounds. The measurement round the girl's hips, the largest circumference, was but eight inches; that round the boy's, only nine and a quarter inches, and that, too, immediately after delivery. In speaking of the case to an acquaintance, of character and veracity, I was informed, "on honor," that they had taken care of a mother whose child, a girl, weighed but one pound and a half. In both cases the parents were perfectly constituted, nothing being out of the way. Their children were born at the proper time, and are still alive. But, singular to relate, the lady, whose little girl weighed but one pound and a half, the next time was delivered of a boy, who weighed *ten pounds and a half*. Also doing well. I am well aware of the responsibility of stating what is unfounded, and not within the dull round of prosy truths. Nevertheless, being cognizant of the peculiarities of these cases, both occurring in families of the highest respectability, I deemed the circumstances of their having lived, and been, in no respects, followed by any evil issues, worth penning for your journal, whose aim is the advancement of the certitudes of practice, and reward the plaudits of admiring subscribers.

Yours, Pamphilus.

THE PRESERVATION OF LEECHES.

Messrs. Editors:—Leeches are best preserved in moist turf in a cool place, not subject to sudden variations of temperature, and free from ammoniacal and acid vapors. The turf may either be kept in a wooden box or tub, or else in an unglazed earthen vessel; the latter may be set in a vessel containing water, reaching on the outside to about half the height of the turf. Where large quantities of leeches are used, those intended for immediate use, may be kept for a few weeks in clean water over washed sand and gravel, the water to be changed for clean water of the same temperature every two or three days. Leeches that have been used, may be made to discharge the blood by putting them in lukewarm water containing some vinegar, washing them repeatedly in water of the same temperature, and finally keeping them upon sand in water by themselves for two or three weeks before they are put in the turf. As a general rule, for the preservation of leeches, avoid heat and all sudden changes of temperature, keep them carefully from all noxious gases, and do not mix leeches indiscriminately until you are satisfied that all are in a healthy condition. Very few deaths from sickness will then occur.

I know that a variety or species of leeches in commerce is called the Spanish leech; but I have never examined it. Sanguisuga medicinalis savigny, I believe, is the species mostly employed in the United States; sanguisuga officinalis is likewise met with. I know of no other species in our commerce.

Yours respectfully,
J. M. Maisch.

NEWS AND MISCELLANY.

Brigade Surgeons.—The following is a complete list of the Brigade Surgeons appointed up to this date, with the commands to which they are assigned:—

1. G. H. Lyman, assigned to Gen. McClellan; 2. F. H. Hamilton, assigned to Gen. McClellan; 3. H. S. Hewett, assigned to Gen. Fremont; 4. J. H. Brinton, assigned to Gen. Fremont; 5. J. A. Lidell, assigned to Gen. Baker; 6. J. C. Dalton, assigned to Gen. Viele; 7. George Suckley, assigned to Gen. Kearney; 8. H. Bryant, assigned to Gen. Fremont; 9. P. W. Ellsworth, assigned to Gen. Fremont; 10. L. V. Bell, assigned to Gen. Fremont; 11. S. W. Gross, assigned to Gen. Anderson; 12. D. Prince, assigned to Gen. McClellan; 13. A. H. Hoff, assigned to Gen. Fremont; 14. W. H. Church, assigned to Gen. Burnside; 15. J. W. Freer, assigned to Gen. McClellan; 16. R. H. Gilbert, assigned to Gen. Wool; 17. J. E. Quidor, assigned to Gen. Hunter; 18. C. McMillan, assigned to Gen. McClellan; 19. C. O'Leary, assigned to Gen. McClellan; 20. J. G. F. Holston, assigned to Gen. McClellan; 21. A. B. Campbell, assigned to Gen. Hunter; 22. J. V. Z. Blaney, assigned to Gen. Hunter; 23. Thomas Sim, assigned to Gen. Hunter; 24. J. S. Bobbs, assigned to Gen. McClellan; 25. Peter Pineo, assigned to Gen. McClellan; 26. W. E. Waters, assigned to Gen. McClellan; 27. O. Martin, assigned to Gen. Hunter; 28. J. H. Rauch, assigned to Gen. McClellan; 29. W. B. Stewart, assigned to General A. Porter; 30. N. R. Derby, assigned to General Hunter; 31. D. McRuer, assigned to Gen. McClellan; 32. S. R. Haven, assigned to Gen. McClellan; 33. A. E. Stocker, assigned to Gen. McClellan; 34. J. Owen, assigned to Gen. McClellan; 35. W. C. Thompson, assigned to Gen. McClellan; 36. James King, assigned to Gen. McCall; 37. T. R. Spencer, assigned to Gen. Peck; 38. D. R. Robinson, assigned to Gen. Rosecrans; 39. William Clendenin, assigned to Gen. Rosecrans; 40. J. G. Shumard, assigned to Gen. Rosecrans; 41. W. C. Strew, not yet assigned; 42. D. W. Hartshorn, not yet assigned; 43. T. H. Buch, not yet assigned; 44. A. P. Mayrut, not yet assigned; 45. Edwin Bentley, not yet assigned; 46. R. L. Stanford, not yet assigned; 47. J. D. Strawbridge, not yet assigned; 48. J. T. Carpenter, not yet assigned; 49. O. M. Bryan, not yet assigned; 50. F. N. Burke, not yet assigned; 51. S. L. Herrick, not yet assigned; 52. A. B. Crosby, assigned to Gen. McClellan; 53. R. B. McCoy, not yet assigned; 54. William Varian, not yet assigned; 55. Josiah Curtis, assigned to Gen. Wool; 56. J. J. Craven, not yet assigned; 57. T. A. Perkins, not yet assigned.

Causes of Death.—The following statement of the causes of death compiled from the report of the Registrar General of England for 1859, we copy from a late number of the London *Lancet*. It is very instructive, and we doubt not will prove interesting to our readers.

To the Registrar-General's report is appended, as usual, an instructive paper by Dr. W. Farr on the causes of death in England. The year now reported on—1859—is the first in which diphtheria has obtained a distinct line in the tables; it had previously been confounded with cynanche, and when the two are put together the rapid progress of this great epidemic becomes evident: the deaths in 1855 were 385; in 1856, 603; in 1857, 1583; in 1858, 6606; in 1859, 10,184. Epidemics of diphtheria are clearly described in the seventeenth century by Italian and Spanish writers, and its frequent association with scarlatina justifies the inference that the diphtherine,—its *materies morbi*,—is some modification of scarlatinine. Of the whole deaths of the year one-fourth were referred to zymotic diseases. Small-pox destroyed 3848 persons, chiefly children who had not

been vaccinated; an instance, as Dr. Farr remarks, of the rigor with which the infringement of sanitary laws is visited, for the children perish, and the parents lose their offspring by the neglect of a precaution of the simplest kind. A fatal outbreak of erysipelas at the Winchester Infirmary was traced to a cesspool. Of the parasitic diseases it is remarked that the ova of worms must be derived generally from impure river waters, into which the refuse of towns is poured. We have but an imperfect conception of the number of deaths from excessive drinking; but 345 were directly ascribed to intemperance, and 545 to delirium tremens—890 in all from the two forms of alcoholism. Passing next to constitutional diseases,—another regiment of the enemies that dog our steps,—we find gout described as nearly stationary; it is considered that, thanks to the more intelligent system of dining which the wealthier classes, wearied of this racking disease, will probably introduce, we may hope to see gout rapidly decline. The deaths from tuberculous disease have decreased since 1853: those from bronchitis have increased very greatly of late years. Amongst local diseases we find affections of the three vital organs—the brain, the heart, and the lungs—causing nearly a third of all the deaths of the year. Fright was the cause of 7 deaths (not all children), grief of 8 (7 women), rage of 5 (4 infants), anxiety of 1 (a man), mental shock of 1 (a woman), melancholy of the deaths of 21 men and 26 women. Above 25,000, chiefly infants, died of convulsions—a striking and distressing symptom,—but probably only part of the disease, which is the result of organic lesions and local irritations that are never discovered. 27,104 deaths are referred to the decay of old age without any disease; "the weary wheel of life at length stood still." 14,649 persons were killed—a sad confession, says Dr. Farr, for a nation humane, civilized, and skilled in all the arts, to have to make. Annually 75 persons in 100,000 thus die a violent death. 13,056 of these deaths, in 1859, are ascribed to accident or negligence; amongst them were 279 by poison. 1248 deaths were declared by Coroners' juries to be suicides; 338 murder or manslaughter. 18 persons were killed by lightning, nearly all persons of outdoor occupations—the house is safer than the field. It is hoped that the arrangement for paying Coroners by salary will bring better information on the subject of violent and sudden deaths, and throw new light on their causes.

Dr. D. W. Maull, lately captain of a company of Volunteers from Delaware, has been appointed Surgeon of the First Regiment of Volunteers from that State. Within the last three weeks he has enlisted a company for three years, and taken it to Wilmington, where he received his appointment as surgeon.

Surgeons for Temporary Service in the Army.—A number of medical gentlemen of Philadelphia have determined to offer their services in a body to the Surgeon-General, in case they may be temporarily needed in an emergency.

MARRIED.

Griffiths—Wimer.—August 29, 1861, by Rev. John Thompson, at the parsonage of Central M. E. Church, 1333 Vine street, Mr. David Griffiths, M.D., to Miss Rachel Louisa Wimer, both of Philadelphia.

Eaton—Barker.—In Hanover, N. H., August 28th, by Rev. Prof. Putnam, of Dartmouth College, Benjamin F. Eaton, M.D., Assistant Surgeon Third Regiment New Hampshire Volunteers, to Miss Sarah A. Barker, daughter of W. P. Barker, Esq., of Bellows Falls.

Hayes—Coleman.—At Canandaigua, on Tuesday, 24th inst., by the Rev. O. E. Daggett, D. D., J. B. Hayes, M. D., to Miss Louisa A. Coleman, all of Canandaigua, N. Y.

Dudley—Duckwitz.—In Brooklyn, on Tuesday, Sept. 24th, by the Rev. Francis Vinton, D. D., William Dudley, M. D., to Charlotte G., eldest daughter of George F. Duckwitz, of New York.

DIED.

Covell.—On board Flag-Ship Colorado, off Fort Pickens, August 9, Charles H. Covell, M.D., late Resident Physician of Bellevue Hospital, N. Y.

To Correspondents.

Postage Stamps.—Our friends will please *not* send us the old style of stamps, as they are w. rthless to us, not being received for postage at the Office in this city. They will also please send us *only one* and *three* cent stamps. tf

☞ In looking over our stock of Reporter's on hand, we find a surplus of some numbers, of which some of our collaborators may desire to possess the copies containing their communications. Any such who will send us their address, enclosing one dollar, shall be supplied with such number of copies as will satisfy them. First sent first served. tf.

Communications Received.

G. P.—The following is the enactment increasing the army rations:

"Sec. 13. *And be it further enacted*, That the army ration shall be increased as follows, viz.: Twenty-two ounces of bread or flour, or one pound of hard bread, instead of the present issue; fresh beef shall be issued as often as the commanding officer of any regiment or detachment shall require it, when practicable, in place of salt meat; beans and rice, or hominy, shall be issued in the same ration in the proportions now provided by the regulation, and one pound of potatoes per man shall be issued at least three times a week, if practicable; and, when these articles cannot be issued in these proportions, an equivalent in value shall be issued in some other proper food, and a ration of tea may be substituted for a ration of coffee, upon the requisition of the proper officer: *Provided*, That after the present insurrection shall cease, the ration shall be as provided by law and regulations on the first of July, eighteen hundred and sixty one.

"Sec. 14. *And be it further enacted*, That there may be allowed in hospitals, to be provided under such rules as the surgeon-general of the army, with the approval of the Secretary of War, may prescribe, such quantities of fresh or preserved fruits, milk or butter, and of eggs, as may be necessary for the proper diet of the sick."

W.—Bones may be whitened by soaking them in sulphuric ether, which dissolves out the fatty matter. If kept for some time in a hot sand-bath, the oil is removed by capillary attraction of the sand.

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